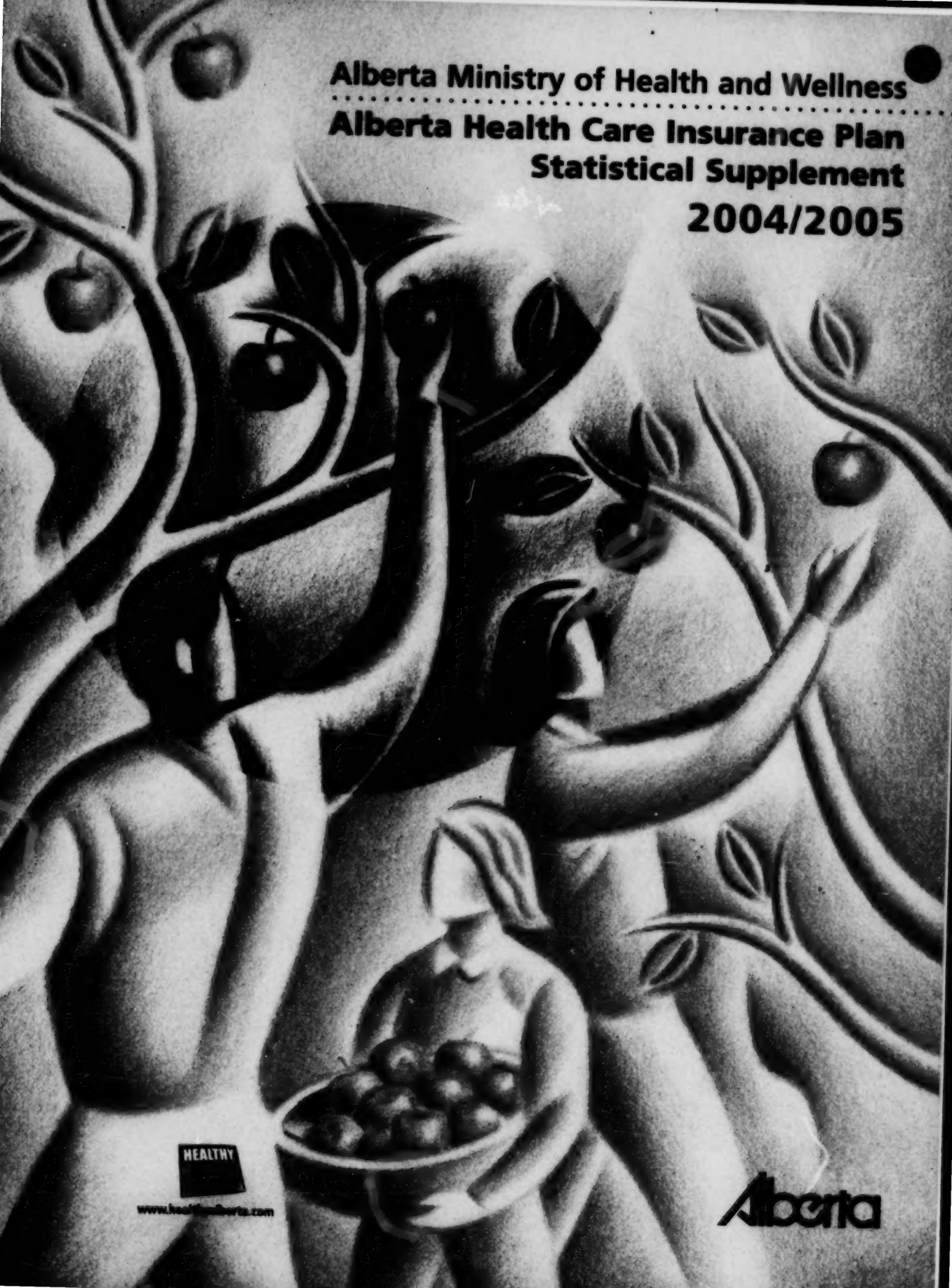
# Alberta Ministry of Health and Wellness

# Alberta Health Care Insurance Plan Statistical Supplement 2004/2005



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## What is the Alberta Health Care Insurance Plan?

The Alberta Health Care Insurance Plan (AHCIP) is a publicly-funded health care plan, established in accordance with the *Canada Health Act*. Its purpose is to follow the principles of the *Canada Health Act* in that it is publicly administered, comprehensive, universal, portable and accessible.

The AHCIP provides two types of coverage to Albertans. They are:

- basic health coverage for insured services provided by physicians, dentists/oral surgeons and hospitals. In addition to these services required by the *Canada Health Act*, the AHCIP also provides limited coverage for services provided by allied practitioners, such as chiropractors, optometrists (for residents under 19 and 65 and over) and podiatrists. All residents of Alberta are required to register for AHCIP coverage, but have the option to opt out. There is a monthly premium for this coverage, except for those individuals and their dependants enrolled in special coverage categories (such as Seniors, Alberta Widows' Pension or Income Support) or individuals entitled to full premium assistance.
- supplemental health insurance coverage through Alberta Blue Cross Non-Group Coverage plans, which provides coverage for pharmaceuticals and selected health services. These supplemental plans, which also cover services beyond those required by the *Canada Health Act*, are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Coverage is available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. Premium-free coverage is provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage is provided to people who have been diagnosed as needing palliative care and who receive their health care at home.

## What can I find in the *Statistical Supplement*?

Alberta Health and Wellness publishes the *Statistical Supplement* as an extension of the ***Alberta Ministry of Health and Wellness Annual Report***. Data are provided on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) for services provided to Albertans and some payments for services provided to Albertans out of the country. The *Supplement* also reports data on the Alberta Blue Cross Non-Group Plans.

## How is data reported in the *Statistical Supplement*?

This edition of the *Statistical Supplement* reports data for the period April 1, 2004 to March 31, 2005. Where feasible, data are provided for a five-year period to assist in longer-term comparisons. Regional health authority data are provided only for the current year, since regional boundaries are subject to change, making data for previous years incomparable. Boundaries were last adjusted on December 1, 2003.

The majority of data are reported on a date-of-service basis, with the exception of Section 4 – Alberta Blue Cross Non-Group Coverage, which reports data on a date-of-payment basis.

**Note:** Some totals in the *Statistical Supplement* differ from those in the *Annual Report*. The *Statistical Supplement* uses claims payment data from the Claims Assessment System (CLASS), based on date-of-service, while the *Annual Report* uses financial statement data, based on date-of-payment, from the Alberta Government Integrated Management Information System (IMAGIS).

## What information is not included in the *Statistical Supplement*?

The following information is not included in the *Statistical Supplement*:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories;
- regional health authority services and costs (e.g. hospital and home care services and costs);
- Alberta Cancer Board services and costs; and
- other program expenditures which are not directly paid by the AHCIP.

The 2004/2005 Annual Report contains information on these costs. A copy of the Annual Report can be found in the Publications Section on the Alberta Health and Wellness website at http://www.health.gov.ab.ca. A printed copy can be obtained by dialing 427-7164 if calling from the Edmonton area, or toll-free by dialing 310-0000, then (780) 427-7164 when prompted, if calling from elsewhere in the province.

SECTION 1: REGISTRATION

# Summary

This section provides statistics on the number of Albertans covered under the AHCIP for basic health services. The tables show registration data broken down by premium status and subsidy level, and by age and gender as at March 31, 2005.

## HIGHLIGHTS

- A total of 3,210,035 Albertans were entitled to basic health coverage. This is an increase of 1.4 per cent compared to 2003/2004. Included in this total are 19,628 individuals who have temporary Canada entry documents (e.g. Minister's Permits, Work Permits, Study Permits) and are registered with the AHCIP.
- Overall, 22.9 per cent of the total population covered by the AHCIP paid reduced premiums or were fully exempt from paying premiums in 2004/2005.
- On average, during 2004/2005, approximately 9,500 Albertans (5,800 registrations) per month were on the Waiver of Premiums Program.
- The number of seniors receiving premium-free coverage increased dramatically during 2004/2005. Effective October 1, 2004, seniors and their dependants no longer pay AHCIP premiums, regardless of their income.
- The number of Alberta Human Resources and Employment (AHRE) Income Support recipients who received premium-free coverage was 90,208: an increase of 10.7 per cent compared to the 2003/2004 year.
- The number of AHRE Alberta Widows' Pension recipients, who also received premium-free coverage, decreased by 15.3 per cent (to 1,778) compared to those covered in 2003/2004. The numbers continue to decline because the program has not accepted applications since April 2004.
- In 2004/2005, the number of Albertans who chose to opt out of the AHCIP increased to 300 compared to 293 in 2003/2004.

### Did You Know?

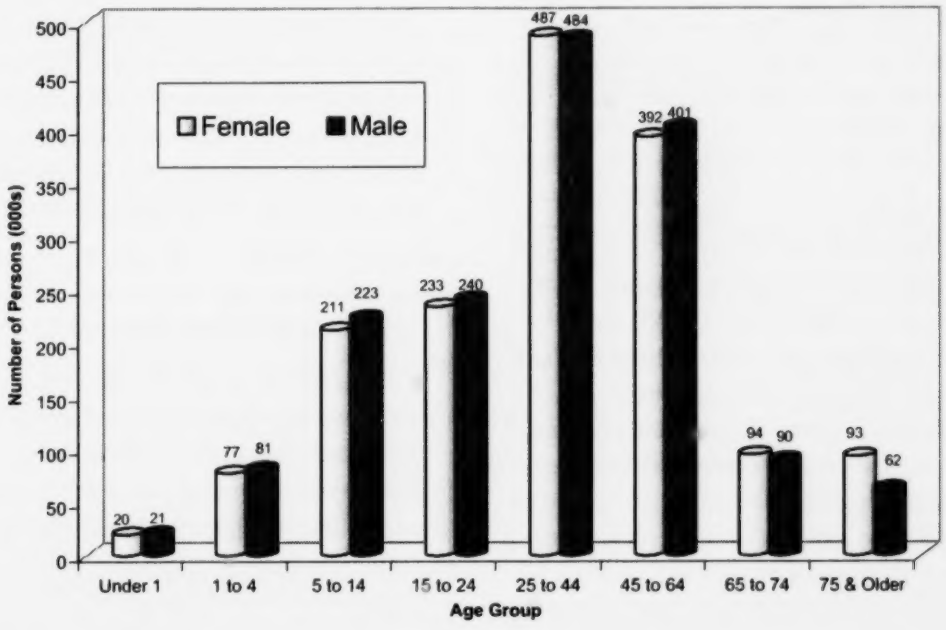
In 2004/2005, premiums collected covered 11 cents of every dollar needed to fund our health care system. The balance was made up of:

- 19 cents from federal transfer payments,
- 66 cents from Alberta's general revenues, and
- 4 cents from lottery and other revenues.

## Figures and Charts

Figure 1 identifies the population covered for basic health benefits, broken down by age and gender as at March 31, 2005.

**Figure 1**



# Explanatory Notes

## Bracketed Data

Bracketed data ( ) indicate negative figures.

## Income Support Category

This category includes Albertans who do not have the resources to meet their basic needs and who receive financial benefits through the Alberta Human Resources and Employment (AHRE) Income Support Program. Income Support recipients receive premium-free AHCIP coverage.

## Individual and Group Category

This category includes Albertans who make AHCIP premium payments either directly to Alberta Health and Wellness or through group plans (e.g. employers who submit premiums on behalf of their employees).

## Opting Out

Every year, Albertans who object in principle to the AHCIP may opt out. These individuals and their dependants are responsible for paying all of their health care expenses. People who opt out must do so for a full benefit year, which is July 1 of one year to June 30 of the following year.

## Premium Assistance Programs

Premium rates for AHCIP coverage are $88 per month ($1,056 per year) for family coverage (two or more people) and $44 per month ($528 per year) for single coverage. To assist lower-income Albertans with the cost of premiums, Alberta Health and Wellness has two premium assistance programs which residents can apply for: the Premium Subsidy Program and the Waiver of Premiums Program.

Eligibility for the Premium Subsidy Program is based on the family category the applicant falls into and the taxable income of the applicant and his/her spouse/adult interdependent partner (if applicable) for the year preceding the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether there are children and/or a spouse or an adult interdependent partner on the registration account.

**2004/2005 Premium Subsidy Thresholds**

| Family Category | Full Subsidy* | Full Premiums* |
|---|---|---|
| Single | under $12,450 | over $15,970 |
| Family — no children | under $21,200 | over $28,240 |
| Family — with children | under $27,210 | over $34,250 |

*If the combined incomes of the applicant and his/her spouse/partner fall in between the thresholds for full subsidy and full premiums, a partial subsidy is provided.

The Waiver of Premiums Program is designed to assist Albertans experiencing short-term financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date that the application is submitted. If there is a spouse or adult interdependent partner on the account, both individuals are required to provide their income. If the total income is under the qualifying threshold (shown below), premiums are waived for a six-month period.

**2004/2005 Waiver of Premium Thresholds**

| Family Category | Income Level |
|---|---|
| Single | $1,020 |
| Family — no children | $1,860 |
| Family — with children | $2,260 |

## Registrations

Registration data are based on the number of active registrations on the AHCIP files as of the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. There is usually one registration per family household. The number of people covered under one registration can range from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are in Table 1.1 and Table 1.2 on pages 8 and 9 respectively.

The population data reported in the *Statistical Supplement* differ from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates the AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain coverage for a period of three months (up to March 31), are included in the data.
- Members of the Armed Forces and RCMP, and inmates of federal penitentiaries are covered by the federal government. They are not entitled to AHCIP coverage so they are not included in the data. However, their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

## Seniors Category

As of October 1, 2004, seniors and their dependants are not required to pay AHCIP premiums. Prior to October 1, 2004, seniors were required to pay AHCIP premiums unless they were entitled to a partial or full exemption under the income-tested Alberta Seniors Benefit Program. As the *Statistical Supplement* data is reported as at March 31, 2005, the number of individuals in the seniors category who paid partial or full premiums for the period April 1, 2004 to September 30, 2004, are not included.

Alberta Health and Wellness also provides premium-free Alberta Blue Cross supplemental health coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4 – Alberta Blue Cross Non-Group Coverage for more details.

## Widows' Pension Category

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through Alberta Human Resources and Employment's (AHRE) Alberta Widows' Pension (AWP) plan. As of April 1, 2004, no new applications are being accepted and AHRE staff direct people inquiring about the AWP to appropriate income support programs. With no new applicants, the number of AWP recipients continues to decline.

Currently, recipients of AWP and their eligible dependants receive both premium-free AHCIP coverage and department-sponsored Alberta Blue Cross supplemental health coverage. Refer to Section 4 – Alberta Blue Cross Non-Group Coverage for more details about Alberta Blue Cross coverage.

## Table 1.1
## Number of Registrations and Population Covered as at March 31, 2001, 2002, 2003, 2004, and 2005[1]

| Population Categories | Number of Registrations | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 1,441,060 | 1,484,218 | 1,520,004 | 1,553,838 | 1,587,419 | 2.99% | 2.41% | 2.23% | 2.16% |
| Individual and Group | 1,158,095 | 1,195,302 | 1,223,618 | 1,250,087 | 1,272,089 | 3.21 | 2.37 | 2.16 | 1.76 |
| Seniors | 232,089 | 237,772 | 242,564 | 248,345 | 256,894 | 2.45 | 2.02 | 2.38 | 3.44 |
| Widows' Pension | 2,285 | 2,158 | 2,035 | 1,921 | 1,636 | (5.56) | (5.70) | (5.60) | (14.84) |
| Income Support Recipients | 48,591 | 48,986 | 51,787 | 53,485 | 56,800 | 0.81 | 5.72 | 3.28 | 6.20 |

| Population Categories | Population Covered | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 3,007,582 | 3,072,384 | 3,124,487 | 3,165,157 | 3,210,035 | 2.15% | 1.70% | 1.30% | 1.42% |
| Individual and Group | 2,589,156 | 2,646,957 | 2,688,693 | 2,718,333 | 2,741,056 | 2.23 | 1.58 | 1.10 | 0.84 |
| Seniors | 339,065 | 347,497 | 354,589 | 363,201 | 376,993 | 2.49 | 2.04 | 2.43 | 3.80 |
| Widows' Pension | 2,480 | 2,390 | 2,239 | 2,098 | 1,778 | (3.63) | (6.32) | (6.30) | (15.25) |
| Income Support Recipients | 76,881 | 75,540 | 78,966 | 81,525 | 90,208 | (1.74) | 4.54 | 3.24 | 10.65 |

(1) The population figures are as at March 31, calculated in July.

## Table 1.2
## Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level as at March 31, 2005[1]

| | Total | | Single | | Family | |
|---|---|---|---|---|---|---|
| Registration Status | Registrations | Population | Registrations | Population | Registrations | Population |
| **Total** | 1,587,419 | 3,210,035 | 778,909 | 778,909 | 808,510 | 2,431,126 |
| Non-Subsidized | | | | | | |
| Individual and Group | 1,143,477 | 2,476,505 | 529,673 | 529,673 | 613,804 | 1,946,832 |
| Partial Reduction | | | | | | |
| Individual and Group | | | | | | |
| 0.1% to 25.0% Reduced | 4,219 | 7,839 | 2,539 | 2,539 | 1,680 | 5,300 |
| 25.1% to 50.0% Reduced | 5,086 | 9,760 | 2,930 | 2,930 | 2,156 | 6,830 |
| 50.1% to 75.0% Reduced | 5,707 | 11,333 | 3,192 | 3,192 | 2,515 | 8,141 |
| 75.1% to 99.9% Reduced | 4,614 | 9,565 | 2,339 | 2,339 | 2,275 | 7,226 |
| Subtotal | 19,626 | 38,497 | 11,000 | 11,000 | 8,626 | 27,497 |
| Full Reduction | | | | | | |
| Individual and Group | 108,986 | 226,054 | 54,987 | 54,987 | 53,999 | 171,067 |
| Seniors | 256,894 | 376,993 | 140,978 | 140,978 | 115,916 | 236,015 |
| Widows' Pension | 1,636 | 1,778 | 1,537 | 1,537 | 99 | 241 |
| Income Support Recipients | 56,800 | 90,208 | 40,734 | 40,734 | 16,066 | 49,474 |
| Subtotal | 424,316 | 695,033 | 238,236 | 238,236 | 186,080 | 456,797 |

(1) The population figures are as at March 31, calculated in July.

## Table 1.3
## Distribution of Population by Age and Gender
## as at March 31, 2001, 2002, 2003, 2004 and 2005 [1]

| Gender / Age Group | Total | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 3,007,582 | 3,072,384 | 3,124,487 | 3,165,157 | 3,210,035 | 2.15% | 1.70% | 1.30% | 1.42% |
| Under 1 | 37,048 | 37,371 | 38,810 | 40,155 | 40,517 | 0.87 | 3.85 | 3.47 | 0.90 |
| 1 - 4 | 156,144 | 156,315 | 156,101 | 155,949 | 158,354 | 0.11 | (0.14) | (0.10) | 1.54 |
| 5 - 9 | 213,867 | 212,496 | 210,261 | 208,723 | 206,883 | (0.64) | (1.05) | (0.73) | (0.88) |
| 10 - 14 | 226,961 | 229,304 | 230,458 | 229,393 | 227,377 | 1.03 | 0.50 | (0.46) | (0.88) |
| 15 - 19 | 226,075 | 231,005 | 232,542 | 233,259 | 236,176 | 2.18 | 0.67 | 0.31 | 1.25 |
| 20 - 24 | 213,618 | 221,083 | 227,934 | 233,727 | 237,132 | 3.49 | 3.10 | 2.54 | 1.46 |
| 25 - 29 | 213,669 | 219,043 | 223,438 | 227,029 | 231,404 | 2.52 | 2.01 | 1.61 | 1.93 |
| 30 - 34 | 223,017 | 226,843 | 229,209 | 229,807 | 230,953 | 1.72 | 1.04 | 0.26 | 0.50 |
| 35 - 39 | 257,866 | 252,445 | 245,416 | 238,698 | 234,910 | (2.10) | (2.78) | (2.74) | (1.59) |
| 40 - 44 | 268,639 | 273,266 | 275,925 | 275,902 | 273,916 | 1.72 | 0.97 | (0.01) | (0.72) |
| 45 - 49 | 233,060 | 245,421 | 255,436 | 262,678 | 268,455 | 5.30 | 4.08 | 2.84 | 2.20 |
| 50 - 54 | 189,084 | 195,263 | 201,872 | 211,392 | 221,753 | 3.27 | 3.38 | 4.72 | 4.90 |
| 55 - 59 | 135,268 | 146,978 | 158,544 | 167,091 | 176,968 | 8.66 | 7.87 | 5.39 | 5.91 |
| 60 - 64 | 105,722 | 110,136 | 115,230 | 120,634 | 126,021 | 4.18 | 4.63 | 4.69 | 4.47 |
| 65 - 69 | 93,029 | 93,638 | 94,903 | 96,580 | 98,603 | 0.65 | 1.35 | 1.77 | 2.09 |
| 70 - 74 | 80,076 | 82,248 | 83,662 | 84,554 | 85,401 | 2.71 | 1.72 | 1.07 | 1.00 |
| 75 - 79 | 61,320 | 62,317 | 64,072 | 65,960 | 68,194 | 1.63 | 2.82 | 2.95 | 3.39 |
| 80 - 84 | 39,930 | 42,551 | 44,811 | 46,616 | 47,789 | 6.56 | 5.31 | 4.03 | 2.52 |
| 85 and Older | 33,189 | 34,661 | 35,863 | 37,010 | 39,229 | 4.44 | 3.47 | 3.20 | 6.00 |

(1) The population figures are as at March 31, calculated in July.

...Continued

## Table 1.3
## Distribution of Population by Age and Gender
## as at March 31, 2001, 2002, 2003, 2004 and 2005 (1)

| Gender / Age Group | Male | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 1,502,264 | 1,534,786 | 1,561,027 | 1,581,262 | 1,602,370 | 2.16% | 1.71% | 1.30% | 1.33% |
| Under 1 | 18,912 | 19,043 | 19,799 | 20,597 | 20,741 | 0.69 | 3.97 | 4.03 | 0.70 |
| 1 - 4 | 80,004 | 79,775 | 79,746 | 79,605 | 81,007 | (0.29) | (0.04) | (0.18) | 1.76 |
| 5 - 9 | 109,575 | 109,200 | 108,144 | 107,270 | 106,202 | (0.34) | (0.97) | (0.81) | (1.00) |
| 10 - 14 | 116,292 | 117,490 | 117,933 | 117,703 | 116,636 | 1.03 | 0.38 | (0.20) | (0.91) |
| 15 - 19 | 115,691 | 118,287 | 119,167 | 119,350 | 120,870 | 2.24 | 0.74 | 0.15 | 1.27 |
| 20 - 24 | 108,022 | 111,610 | 114,873 | 117,667 | 119,289 | 3.32 | 2.92 | 2.43 | 1.38 |
| 25 - 29 | 107,222 | 109,885 | 112,174 | 113,981 | 115,598 | 2.48 | 2.08 | 1.61 | 1.42 |
| 30 - 34 | 111,129 | 113,562 | 114,957 | 115,502 | 115,972 | 2.19 | 1.23 | 0.47 | 0.41 |
| 35 - 39 | 127,829 | 125,135 | 121,982 | 118,848 | 117,042 | (2.11) | (2.52) | (2.57) | (1.52) |
| 40 - 44 | 135,277 | 137,112 | 137,807 | 137,440 | 135,808 | 1.36 | 0.51 | (0.27) | (1.19) |
| 45 - 49 | 118,571 | 124,801 | 129,738 | 133,278 | 135,787 | 5.25 | 3.96 | 2.73 | 1.88 |
| 50 - 54 | 95,881 | 99,165 | 102,723 | 107,482 | 112,824 | 3.43 | 3.59 | 4.63 | 4.97 |
| 55 - 59 | 68,394 | 74,237 | 80,121 | 84,284 | 89,352 | 8.54 | 7.93 | 5.20 | 6.01 |
| 60 - 64 | 52,793 | 55,034 | 57,702 | 60,458 | 63,213 | 4.24 | 4.85 | 4.78 | 4.56 |
| 65 - 69 | 46,028 | 46,257 | 46,704 | 47,409 | 48,495 | 0.50 | 0.97 | 1.51 | 2.29 |
| 70 - 74 | 38,120 | 39,356 | 40,145 | 40,746 | 41,166 | 3.24 | 2.00 | 1.50 | 1.03 |
| 75 - 79 | 26,375 | 27,161 | 28,313 | 29,533 | 30,893 | 2.98 | 4.24 | 4.31 | 4.61 |
| 80 - 84 | 15,377 | 16,519 | 17,461 | 18,292 | 18,920 | 7.43 | 5.70 | 4.76 | 3.43 |
| 85 and Older | 10,772 | 11,157 | 11,538 | 11,817 | 12,555 | 3.57 | 3.41 | 2.42 | 6.25 |

(1) The population figures are as at March 31, calculated in July.

...Continued

## Table 1.3
## Distribution of Population by Age and Gender
## as at March 31, 2001, 2002, 2003, 2004 and 2005 (1)

| Gender / Age Group | Female | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 1,505,318 | 1,537,598 | 1,563,460 | 1,583,895 | 1,607,665 | 2.14% | 1.68% | 1.31% | 1.50% |
| Under 1 | 18,136 | 18,328 | 19,011 | 19,558 | 19,776 | 1.06 | 3.73 | 2.88 | 1.11 |
| 1 - 4 | 76,140 | 76,540 | 76,355 | 76,344 | 77,347 | 0.53 | (0.24) | (0.01) | 1.31 |
| 5 - 9 | 104,292 | 103,296 | 102,117 | 101,453 | 100,681 | (0.96) | (1.14) | (0.65) | (0.76) |
| 10 - 14 | 110,669 | 111,814 | 112,525 | 111,690 | 110,741 | 1.03 | 0.64 | (0.74) | (0.85) |
| 15 - 19 | 110,384 | 112,718 | 113,375 | 113,909 | 115,306 | 2.11 | 0.58 | 0.47 | 1.23 |
| 20 - 24 | 105,596 | 109,473 | 113,061 | 116,060 | 117,843 | 3.67 | 3.28 | 2.65 | 1.54 |
| 25 - 29 | 106,447 | 109,158 | 111,264 | 113,048 | 115,806 | 2.55 | 1.93 | 1.60 | 2.44 |
| 30 - 34 | 111,888 | 113,281 | 114,252 | 114,305 | 114,981 | 1.24 | 0.86 | 0.05 | 0.59 |
| 35 - 39 | 130,037 | 127,310 | 123,434 | 119,850 | 117,868 | (2.10) | (3.04) | (2.90) | (1.65) |
| 40 - 44 | 133,362 | 136,154 | 138,118 | 138,462 | 138,108 | 2.09 | 1.44 | 0.25 | (0.26) |
| 45 - 49 | 114,489 | 120,620 | 125,698 | 129,400 | 132,668 | 5.36 | 4.21 | 2.95 | 2.53 |
| 50 - 54 | 93,203 | 96,098 | 99,149 | 103,910 | 108,929 | 3.11 | 3.17 | 4.80 | 4.83 |
| 55 - 59 | 66,874 | 72,741 | 78,423 | 82,807 | 87,616 | 8.77 | 7.81 | 5.59 | 5.81 |
| 60 - 64 | 52,929 | 55,102 | 57,528 | 60,176 | 62,808 | 4.11 | 4.40 | 4.60 | 4.37 |
| 65 - 69 | 47,001 | 47,381 | 48,199 | 49,171 | 50,108 | 0.81 | 1.73 | 2.02 | 1.91 |
| 70 - 74 | 41,956 | 42,892 | 43,517 | 43,808 | 44,235 | 2.23 | 1.46 | 0.67 | 0.97 |
| 75 - 79 | 34,945 | 35,156 | 35,759 | 36,427 | 37,301 | 0.60 | 1.72 | 1.87 | 2.40 |
| 80 - 84 | 24,553 | 26,032 | 27,350 | 28,324 | 28,869 | 6.02 | 5.06 | 3.56 | 1.92 |
| 85 and Older | 22,417 | 23,504 | 24,325 | 25,193 | 26,674 | 4.85 | 3.49 | 3.57 | 5.88 |

(1) The population figures are as at March 31, calculated in July.

# Section 2: Basic Health Services (Physicians and Allied Health Practitioners

## Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dentists/oral surgeons, as well as some services provided by podiatrists, optometrists and chiropractors. Alberta practitioners receive fee-for-service payments and/or are remunerated through Alternate Relationship Plans (ARPs) (see page 18 and the glossary for information about ARPs).

In this section, data are primarily for fee-for-service payments, organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. ARP data are reported separately in Table 2.17.

### Did You Know?

Statistics show that, for the first time since 1969 (when data became available), more physicians have returned to Canada than have moved abroad.

### Highlights

- In Alberta, there were 5,501 physicians and 1,478 allied practitioners who received fee-for-service payments from the AHCIP during 2004/2005.
- The number of physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.7 per 1,000 patients (a 1.2 per cent increase from 2003/2004).
- Of the 3,210,035 Albertans entitled to basic health services coverage in 2004/2005, eighty-five (85) per cent or 2,728,340 people received at least one fee-for-service physician service during 2004/2005.
  - A total of 74.2 per cent of these patients received services valued at $500 or less.
  - 11.9 per cent of patients received physician services valued at more than $1,000. Payments for these patients accounted for 53.7 per cent of all fee-for-service physician expenditures.
- About 26 per cent of Alberta's population, 820,959 Albertans, used allied health services in 2004/2005.
- Office visits (assessments) and consultations accounted for 45.9 per cent of the fee-for-service payments made to Alberta physicians in 2004/2005. These services accounted for 69.8 per cent of the fee-for-service payments made to general/family physicians.
- Alberta Health and Wellness spent $65,554,605 for optometry, podiatry and chiropractic services in 2004/2005. Coverage for these services is not required by the *Canada Health Act*.

- A total of $11,427,267 was spent on optometry care for Alberta's children in 2004/2005.
- The AHCIP paid fees-for-service totaling $1,417,122,426 to Alberta physicians and allied health practitioners in 2004/2005. This figure represents a 5.9 per cent increase compared to 2003/2004.
- In 2004/2005, the average total fee-for-service payment per Alberta physician was $245,178 (3.3 per cent higher than it was in 2003/2004). This brought the median payment to $206,290 (a 3.7 per cent increase compared to 2003/2004).
- Sixty-two (62) general/family physicians received more than $500,000 each in fee-for-service payments in 2004/2005; an increase of 21 physicians compared to the 2003/2004 year.
- A total of 383 specialists (15.6 per cent) received more than $500,000 each in fee-for-service payments in 2004/2005. Eighty-one (81) received more than $1 million each; an increase of 13 physicians compared to 2003/2004.
- A minimum of 543 discrete physicians participated in ARPs. A total of 357 of these physicians also received fee-for-service payments.

**Did You Know?**

Between 2000 and 2004 Alberta had the highest increase in physicians (19 per cent) compared to the rest of Canada.

## Charts and Figures

The following chart highlights fee-for-service payments made to Alberta practitioners in 2004/2005, and the percentage of change as compared to 2003/2004.

| Practitioner | Overall Fee-for-Service Payments | | Percentage change from 2003/2004 to 2005/2005 | |
|---|---|---|---|---|
| Physicians | | $1,348,724,184 | | 5.97 |
| *Dental/Oral Surgeons* | *$2,843,638* | | *18.29* | |
| *Chiropractors* | *$39,966,107* | | *2.38* | |
| *Optometrists* | *$18,362,362* | | *10.09* | |
| *Podiatrists* | *$7,226,135* | | *1.08* | |
| Allied Practitioner Sub-total | | $68,398,242 | | 4.79 |
| **Total*** | | **$1,417,122,426** | | **5.91** |

***$4.9 million of the overall payments made by the AHCIP to physicians was for pathology services (see Explanatory Notes, page 18).**

The following chart highlights the number of Alberta practitioners who submitted fee-for-service claims to the AHCIP in 2004/2005, and the percentage of change as compared to 2003/2004.

| Practitioner | Number | Percentage change from 2003/2004 to 2004/2005 |
|---|---|---|
| Physicians | 5,501 | 2.57 |
| Dentists/Oral Surgeons | 216 | 0.00 |
| Chiropractors | 844 | 3.43 |
| Optometrists | 367 | 2.51 |
| Podiatrists | 51 | (3.77) |
| **Total** | **6,979** | **2.54** |

### Did You Know?

During 2004/2005, eighteen (18) cents of each dollar spent on health care in Alberta were for physician services.

Figures 2 and 3 identify the average fee-for-service payments per Albertan made to Alberta physicians and allied health practitioners for 2004/2005, sorted by patient age group and gender.

**Figure 2**

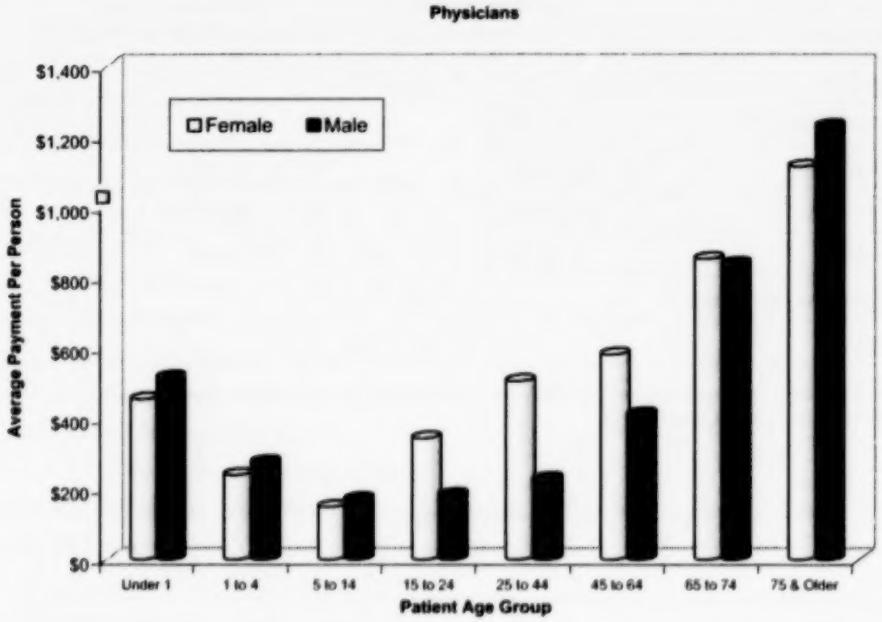
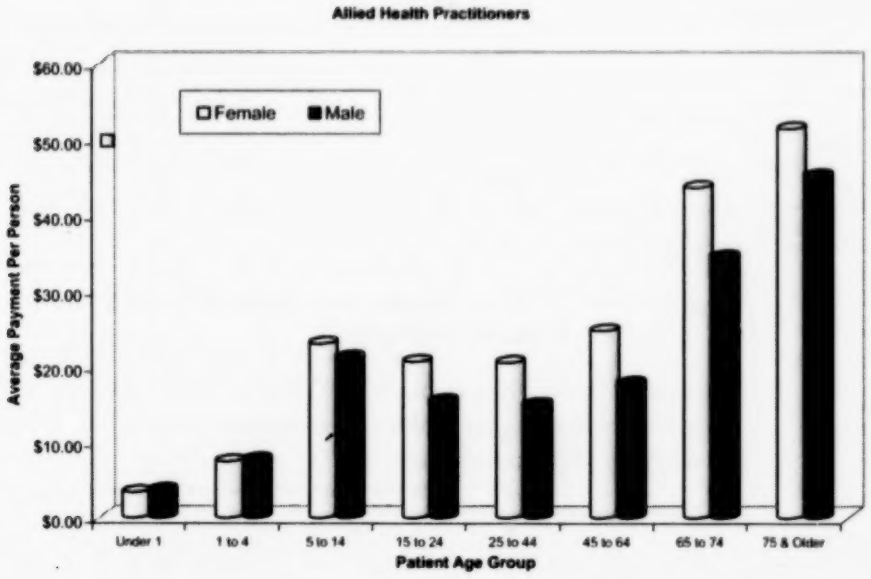



**Figure 3**

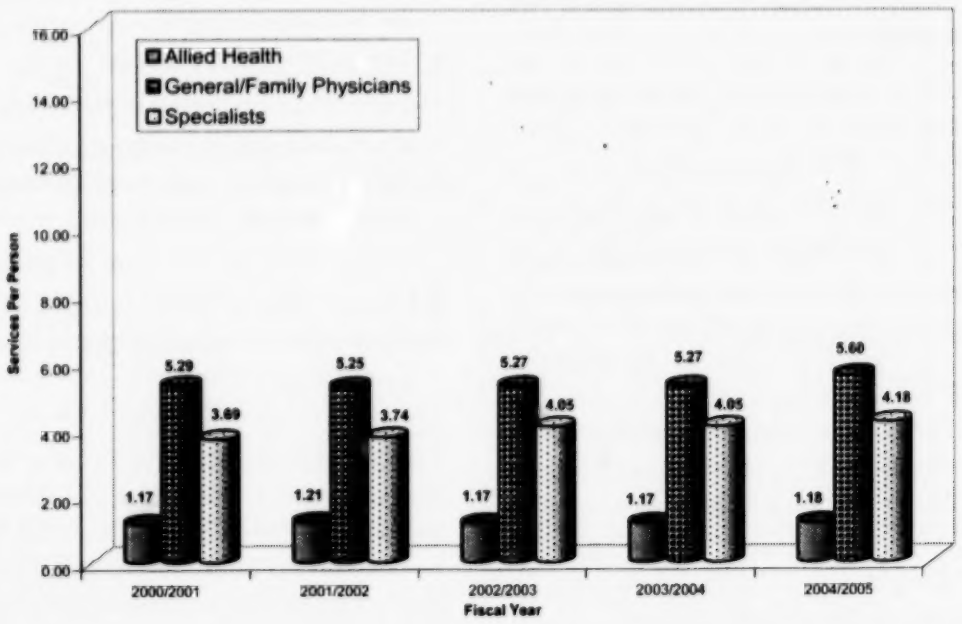


The following chart highlights the average fee-for-service cost per patient, sorted by practitioner type. The total average cost per patient in 2004/2005 increased by 4.4 per cent over the previous year's cost.

| Practitioner | Average Fee-for-Service Cost/Patient | Percentage change from 2003/2004 to 2004/2005 |
|---|---|---|
| Physicians | $494.34 | 4.46 |
| Dentists/Oral Surgeons | $260.88 | 19.07 |
| Chiropractors | $90.27 | 0.86 |
| Optometrists | $52.48 | 7.41 |
| Podiatrists | $78.17 | 1.09 |
| **Total** | **$502.61** | **4.41** |

Figure 4 highlights a five-year comparison of the average number of basic health services[4] (fee-for-services only) per person, sorted by practitioner type. The data excludes pathologists. See Explanatory Notes on page 18 for more details.

**Figure 4**



# Explanatory Notes

## 2004/2005 Annual Medical Services Budget

For the 2004/2005 fiscal year, $1,521,600,000 was budgeted for fee-for-service payments, Alternate Relationship Plan (ARP) payments for physician services (excluding academic ARPs), on-call programs, primary care, the physician office system program and other types of benefits.

## Alternate Relationship Plans (ARPs)

In early 2003, Alberta Health and Wellness, the Alberta Medical Association and the regional health authorities of Alberta entered into a trilateral relationship and budget management process for strategic physician agreements via a Master Agreement that remains in effect until 2011. ARPs are an important part of this overall agenda.

The purpose of ARPs is to promote innovation in clinical service delivery, and is intended to enhance the following five dimensions:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

Several full- and part-time non-academic ARP models are available to physicians and regional health authorities, including the contractual, sessional (hourly) and capitation (population-based) models.

Several academic ARPs also exist. These plans assist physicians in achieving their clinical service delivery and innovation, education, research, and administration/ leadership mandates.

Academic ARPs receive funding for delivery of clinical services, and conditional grant funding.

An operational governance structure comprised of the academic agreement stakeholders is accountable for managing the business and ongoing operations of an academic ARP, as well as for reporting on expenditure of funds.

There are multiple stakeholders in academic ARPs. These include:

- Alberta Health and Wellness,
- regional health authorities,
- Universities of Calgary and/or Alberta (Central Administration, Faculties of Medicine, Academic Departments),
- participating physicians,
- Alberta Medical Association,
- other funding bodies (e.g. research),
- other ministries (e.g. Advanced Education, Human Resources and Employment, Innovation and Science).

## Bracketed Data

Bracketed data ( ) indicate negative figures.

## Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this *Supplement*, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

## Pathology Services

Most laboratory services are paid for by the regional health authorities. A few select pathology health services, such as minor consultations, electrocardiograms (technical) and skin tests, are still paid for by the AHCIP.

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to that about other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

## Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income because:

- some practitioners receive income from other sources (e.g. Workers' Compensation Board, balance billing, third party medicals, and for services not covered by the AHCIP);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included; and
- the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Under special circumstances, physicians can claim and are paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

## Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2004/2005. In the *Statistical Supplement*, when physicians have multiple specialties, they are counted in the specialty where they received the highest fee-for-service payments.

ARP data are reported separately from fee-for-service data (Table 2.17).

Manual payments totalling $17,461,049 made to Alberta physicians for the period October 1, 2003 to March 31, 2004, are not included in these statistics. These payments were made to address the 2.7 per cent fee increase negotiated through the Master Agreement and implemented retroactive to October 1, 2003.

## Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) who received fee-for-service payments from the AHCIP for basic health services.

## Reporting Dates

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date-of-service to submit claims to the AHCIP for payment. The majority submit their claims well within that time limit, and 99.9 per cent of claims are paid within 30 days of the actual date-of-service.

## Types of Service

The types of services reported in the fee-for-service payment tables are based on the health service codes found in the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

## Table 2.1
## Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2001 to March 31, 2005

| Indicators | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
|---|---|---|---|---|---|
| **REGISTRATIONS** | | | | | |
| Population Covered | 3,007,582 | 3,072,384 | 3,124,487 | 3,165,157 | 3,210,035 |
| Number of Discrete Physician Patients [1] | 2,572,066 | 2,601,914 | 2,642,193 | 2,689,453 | 2,728,340 |
| Number of Discrete Patients Per Physician | 530 | 512 | 508 | 501 | 496 |
| **OVERALL PHYSICIAN SUMMARY** | | | | | |
| Number of Physician Services Provided | 27,233,744 | 27,842,671 | 29,328,923 | 30,044,400 | 31,683,660 |
| Number of Physicians | 4,856 | 5,079 | 5,206 | 5,363 | 5,501 |
| Number of Physicians Per 1,000 Persons | 1.61 | 1.65 | 1.67 | 1.69 | 1.71 |
| Number of Services Per Physician | 5,608 | 5,482 | 5,634 | 5,602 | 5,760 |
| Number of Services Per 1,000 Persons | 9,055 | 9,062 | 9,387 | 9,492 | 9,870 |
| Total Physician Payments | $959,073,855 | $1,061,169,693 | $1,225,626,637 | $1,272,779,982 | $1,348,724,184 |
| Physician Payment Per 1,000 Persons | $318,885 | $345,390 | $392,265 | $402,122 | $420,159 |
| Average Payment Per Physician | $197,503 | $208,933 | $235,426 | $237,326 | $245,178 |
| **PHYSICIAN SUMMARY EXCLUDING PATHOLOGY** | | | | | |
| Number of Physician Services Provided | 27,008,559 | 27,633,998 | 29,096,188 | 29,790,613 | 31,404,205 |
| Number of Physicians | 4,835 | 5,057 | 5,187 | 5,343 | 5,481 |
| Number of Physicians Per 1,000 Persons | 1.61 | 1.65 | 1.66 | 1.69 | 1.71 |
| Number of Services Per Physician | 5,586 | 5,465 | 5,609 | 5,576 | 5,730 |
| Number of Services Per 1,000 Persons | 8,980 | 8,994 | 9,312 | 9,412 | 9,783 |
| Total Physician Payments | $956,420,889 | $1,058,282,619 | $1,221,557,525 | $1,268,402,472 | $1,343,843,049 |
| Physician Payment Per 1,000 Persons | $318,003 | $344,450 | $390,963 | $400,739 | $418,638 |
| Average Payment Per Physician | $197,812 | $209,271 | $235,504 | $237,395 | $245,182 |
| **ALLIED PRACTITIONER SUMMARY** | | | | | |
| Number of Allied Services Provided | 3,518,304 | 3,731,537 | 3,640,251 | 3,777,986 | 3,796,562 |
| Number of Allied Practitioners | 1,276 | 1,369 | 1,425 | 1,443 | 1,478 |
| Number of Allied Practitioners Per 1,000 Persons | 0.42 | 0.45 | 0.46 | 0.46 | 0.46 |
| Number of Services Per Allied Practitioner | 2,757 | 2,726 | 2,555 | 2,618 | 2,569 |
| Number of Discrete Allied Patients [2] | 745,461 | 787,743 | 787,371 | 807,961 | 820,959 |
| Number of Discrete Patients Per Allied Practitioner | 584 | 575 | 553 | 560 | 555 |
| Total Payments to Allied Practitioners | $57,804,028 | $61,885,776 | $61,714,534 | $65,271,664 | $68,398,242 |
| Allied Practitioner Payment Per 1,000 Persons | $19,219 | $20,143 | $19,752 | $20,622 | $21,308 |
| Average Payment Per Allied Practitioner | $45,301 | $45,205 | $43,308 | $45,233 | $46,278 |

Note: This table reflects fee-for-service data only.

*Continued ...*

(1) "Number of Discrete Physician Patients" represents the actual count of patients receiving at least one service from a physician.

(2) "Number of Discrete Allied Patients" represents the actual count of patients receiving at least one service from an Allied Practitioner.

## Table 2.1
## Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2001 to March 31, 2005

| Indicators | Percentage Change | | | |
|---|---|---|---|---|
| | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **REGISTRATIONS** | | | | |
| Population Covered | 2.15% | 1.70% | 1.30% | 1.42% |
| Number of Discrete Physician Patients [1] | 1.16 | 1.55 | 1.79 | 1.45 |
| Number of Discrete Patients Per Physician | (3.40) | (0.78) | (1.38) | (1.00) |
| **OVERALL PHYSICIAN SUMMARY** | | | | |
| Number of Physician Services Provided | 2.24 | 5.34 | 2.44 | 5.46 |
| Number of Physicians | 4.59 | 2.50 | 3.02 | 2.57 |
| Number of Physicians Per 1,000 Persons | 2.48 | 1.21 | 1.20 | 1.18 |
| Number of Services Per Physician | (2.25) | 2.77 | (0.56) | 2.81 |
| Number of Services Per 1,000 Persons | 0.08 | 3.58 | 1.12 | 3.98 |
| Total Physician Payments | 10.65 | 15.50 | 3.85 | 5.97 |
| Physician Payment Per 1,000 Persons | 8.31 | 13.57 | 2.51 | 4.49 |
| Average Payment Per Physician | 5.79 | 12.68 | 0.81 | 3.31 |
| **PHYSICIAN SUMMARY EXCLUDING PATHOLOGY** | | | | |
| Number of Physician Services Provided | 2.32 | 5.29 | 2.39 | 5.42 |
| Number of Physicians | 4.59 | 2.57 | 3.01 | 2.58 |
| Number of Physicians Per 1,000 Persons | 2.48 | 0.61 | 1.81 | 1.18 |
| Number of Services Per Physician | (2.18) | 2.65 | (0.60) | 2.76 |
| Number of Services Per 1,000 Persons | 0.16 | 3.54 | 1.07 | 3.94 |
| Total Physician Payments | 10.65 | 15.43 | 3.83 | 5.95 |
| Physician Payment Per 1,000 Persons | 8.32 | 13.50 | 2.50 | 4.47 |
| Average Payment Per Physician | 5.79 | 12.54 | 0.80 | 3.28 |
| **ALLIED PRACTITIONER SUMMARY** | | | | |
| Number of Allied Services Provided | 6.06 | (2.45) | 3.78 | 0.49 |
| Number of Allied Practitioners | 7.29 | 4.09 | 1.26 | 2.43 |
| Number of Allied Practitioners Per 1,000 Persons | 7.14 | 2.22 | 0.00 | 0.00 |
| Number of Services Per Allied Practitioner | (1.14) | (6.28) | 2.49 | (1.89) |
| Number of Discrete Allied Patients [2] | 5.67 | (0.05) | 2.62 | 1.61 |
| Number of Discrete Patients Per Allied Practitioner | (1.51) | (3.98) | 1.34 | (0.80) |
| Total Payments to Allied Practitioners | 7.06 | (0.28) | 5.76 | 4.79 |
| Allied Practitioner Payment Per 1,000 Persons | 4.80 | (1.94) | 4.40 | 3.33 |
| Average Payment Per Allied Practitioner | (0.21) | (4.20) | 4.44 | 2.31 |

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Physician Patients" represents the actual count of patients receiving at least one service from a physician.

(2) "Number of Discrete Allied Patients" represents the actual count of patients receiving at least one service from an Allied Practitioner.

**Table 2.1A**
**Number of Services and Total Payments**
**to Allied Practitioners by Service Category Code**
**for the Service Year April 1, 2004 to March 31, 2005**

| Practitioner Type | Service Category Code | Number of Services | Total Payments |
|---|---|---|---|
| **Total** | | 3,796,562 | $68,398,242 |
| Chiropractors | Visit | 3,028,265 | 39,432,356 |
| | Test (x-ray) | 24,468 | 533,751 |
| Dentists/Oral Surgeons | Procedures | 8,733 | 2,424,005 |
| | Visit | 5,925 | 419,632 |
| Optometrists | Visit | 440,891 | 18,362,362 |
| Podiatrists | Procedures | 84,648 | 1,988,162 |
| | Test (x-ray) | 13,840 | 199,115 |
| | Visit | 189,792 | 5,038,858 |

Note: This table reflects fee-for-service data only.

## Chiropractic Services

During the 2004/2005 year, the maximum benefit paid by the AHCIP was $13.23 for a chiropractic visit and $21.90 for an x-ray, with an annual patient limit of $200.

## Optometry Services

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete and one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Optometry services for Albertans aged 19 to 64 years of age are not covered by the AHCIP.

## Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the *Schedule of Podiatry Benefits*), with a maximum annual benefit per patient of $250.

## Table 2.2
## Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2001 to March 31, 2005

| Physician Age Group | Number of Physicians | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 4,856 | 5,079 | 5,206 | 5,363 | 5,501 | 4.59% | 2.50% | 3.02% | 2.57% |
| Under 30 | 104 | 104 | 115 | 104 | 108 | 0.00 | 10.58 | (9.57) | 3.85 |
| 30 - 34 | 591 | 628 | 649 | 631 | 635 | 6.26 | 3.34 | (2.77) | 0.63 |
| 35 - 39 | 718 | 759 | 747 | 808 | 813 | 5.71 | (1.58) | 8.17 | 0.62 |
| 40 - 44 | 883 | 866 | 818 | 824 | 816 | (1.93) | (5.54) | 0.73 | (0.97) |
| 45 - 49 | 883 | 926 | 977 | 964 | 954 | 4.87 | 5.51 | (1.33) | (1.04) |
| 50 - 54 | 664 | 714 | 744 | 794 | 830 | 7.53 | 4.20 | 6.72 | 4.53 |
| 55 - 59 | 402 | 443 | 478 | 518 | 595 | 10.20 | 7.90 | 8.37 | 14.86 |
| 60 - 64 | 271 | 281 | 298 | 314 | 335 | 3.69 | 6.05 | 5.37 | 6.69 |
| 65 & Over | 340 | 358 | 380 | 406 | 415 | 5.29 | 6.15 | 6.84 | 2.22 |

| Physician Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | $197,503 | $208,933 | $235,426 | $237,326 | $245,178 | 5.79% | 12.68% | 0.81% | 3.31% |
| Under 30 | 114,515 | 97,942 | 100,734 | 114,401 | 132,000 | (14.47) | 2.85 | 13.57 | 15.38 |
| 30 - 34 | 161,202 | 168,171 | 187,875 | 176,936 | 181,204 | 4.32 | 11.72 | (5.82) | 2.41 |
| 35 - 39 | 178,358 | 190,534 | 219,670 | 224,836 | 237,156 | 6.83 | 15.29 | 2.35 | 5.48 |
| 40 - 44 | 212,992 | 215,259 | 237,551 | 239,150 | 242,651 | 1.06 | 10.36 | 0.67 | 1.46 |
| 45 - 49 | 227,703 | 246,589 | 271,981 | 262,462 | 265,143 | 8.29 | 10.30 | (3.50) | 1.02 |
| 50 - 54 | 223,468 | 243,484 | 278,446 | 289,336 | 300,445 | 8.96 | 14.36 | 3.91 | 3.84 |
| 55 - 59 | 221,848 | 230,657 | 262,729 | 274,110 | 283,807 | 3.97 | 13.90 | 4.33 | 3.54 |
| 60 - 64 | 208,483 | 215,081 | 255,815 | 255,467 | 263,155 | 3.16 | 18.94 | (0.14) | 3.01 |
| 65 & Over | 119,515 | 138,365 | 155,245 | 161,471 | 166,881 | 15.77 | 12.20 | 4.01 | 3.35 |

Note: This table reflects fee-for-service data only.

## Table 2.2A
## Number of Chiropractors and Average Payments to Chiropractors within their Age Group for the Service Years Ended March 31, 2001 to March 31, 2005

| Chiropractor Age Group | Number of Chiropractors | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 689 | 745 | 801 | 816 | 844 | 8.13% | 7.52% | 1.87% | 3.43% |
| Under 30 | 120 | 123 | 115 | 94 | 93 | 2.50 | (6.50) | (18.26) | (1.06) |
| 30 - 34 | 177 | 203 | 227 | 229 | 241 | 14.69 | 11.82 | 0.88 | 5.24 |
| 35 - 39 | 111 | 128 | 152 | 168 | 163 | 15.32 | 18.75 | 10.53 | (2.98) |
| 40 - 44 | 79 | 82 | 84 | 91 | 102 | 3.80 | 2.44 | 8.33 | 12.09 |
| 45 - 49 | 74 | 74 | 73 | 81 | 87 | 0.00 | (1.35) | 10.96 | 7.41 |
| 50 - 54 | 65 | 63 | 67 | 73 | 65 | (3.08) | 6.35 | 8.96 | (10.96) |
| 55 - 59 | 34 | 41 | 47 | 45 | 52 | 20.59 | 14.63 | (4.26) | 15.56 |
| 60 - 64 | 13 | 15 | 18 | 21 | 28 | 15.38 | 20.00 | 16.67 | 33.33 |
| 65 & Over | 16 | 16 | 18 | 14 | 13 | 0.00 | 12.50 | (22.22) | (7.14) |

| Chiropractor Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | $52,830 | $51,725 | $46,082 | $47,841 | $47,353 | -2.09% | -10.91% | 3.82% | -1.02% |
| Under 30 | 30,356 | 27,210 | 22,848 | 24,323 | 20,202 | (10.36) | (16.03) | 6.45 | (16.94) |
| 30 - 34 | 44,105 | 45,078 | 38,397 | 37,890 | 39,005 | 2.21 | (14.82) | (1.32) | 2.94 |
| 35 - 39 | 55,995 | 52,142 | 47,903 | 51,311 | 50,384 | (6.88) | (8.13) | 7.11 | (1.81) |
| 40 - 44 | 72,200 | 70,991 | 60,056 | 52,171 | 48,566 | (1.67) | (15.40) | (13.13) | (6.91) |
| 45 - 49 | 67,107 | 69,267 | 67,237 | 69,103 | 68,348 | 3.22 | (2.93) | 2.78 | (1.09) |
| 50 - 54 | 65,171 | 65,630 | 56,684 | 60,154 | 60,024 | 0.70 | (13.63) | 6.12 | (0.22) |
| 55 - 59 | 61,125 | 59,692 | 59,791 | 59,960 | 61,627 | (2.35) | 0.17 | 0.28 | 2.78 |
| 60 - 64 | 89,682 | 90,899 | 71,178 | 49,934 | 52,438 | 1.36 | (21.70) | (29.85) | 5.01 |
| 65 & Over | 36,565 | 29,419 | 24,718 | 69,440 | 76,936 | (19.54) | (15.98) | 180.93 | 10.79 |

Note: This table reflects fee-for-service data only.

## Table 2.2B

## Number of Dentists/Oral Surgeons and Average Payments to Dentists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2001 to March 31, 2005

| Dentist/Oral Surgeon Age Group | Number of Dentists/Oral Surgeons | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 232 | 250 | 234 | 216 | 216 | 7.76% | -6.40% | -7.69% | 0.00% |
| Under 30 | 10 | 17 | 10 | 7 | 11 | 70.00 | (41.18) | (30.00) | 57.14 |
| 30 - 34 | 35 | 30 | 26 | 18 | 16 | (14.29) | (13.33) | (30.77) | (11.11) |
| 35 - 39 | 41 | 41 | 46 | 45 | 38 | 0.00 | 12.20 | (2.17) | (15.56) |
| 40 - 44 | 44 | 49 | 39 | 36 | 34 | 11.36 | (20.41) | (7.69) | (5.56) |
| 45 - 49 | 40 | 45 | 42 | 39 | 40 | 12.50 | (6.67) | (7.14) | 2.56 |
| 50 - 54 | 33 | 28 | 35 | 32 | 33 | (15.15) | 25.00 | (8.57) | 3.13 |
| 55 - 59 | 14 | 20 | 22 | 20 | 23 | 42.86 | 10.00 | (9.09) | 15.00 |
| 60 - 64 | 8 | 11 | 7 | 12 | 12 | 37.50 | (36.36) | 71.43 | 0.00 |
| 65 & Over | 7 | 9 | 7 | 7 | 9 | 28.57 | (22.22) | 0.00 | 28.57 |

| Dentist/Oral Surgeon Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | $9,122 | $8,672 | $10,233 | $11,130 | $13,165 | -4.94% | 18.00% | 8.77% | 18.28% |
| Under 30 | 448 | 119 | 199 | 649 | 894 | (73.44) | 66.97 | 226.80 | 37.83 |
| 30 - 34 | 3,200 | 2,136 | 4,909 | 7,002 | 6,523 | (33.25) | 129.85 | 42.63 | (6.85) |
| 35 - 39 | 8,109 | 7,966 | 2,332 | 3,556 | 8,241 | (1.76) | (70.73) | 52.51 | 131.74 |
| 40 - 44 | 7,029 | 6,571 | 13,657 | 13,233 | 17,870 | (6.51) | 107.82 | (3.10) | 35.04 |
| 45 - 49 | 13,794 | 12,067 | 13,065 | 12,592 | 13,403 | (12.52) | 8.27 | (3.62) | 6.44 |
| 50 - 54 | 17,492 | 24,840 | 18,221 | 21,126 | 19,442 | 42.01 | (26.65) | 15.94 | (7.97) |
| 55 - 59 | 7,850 | 7,927 | 17,119 | 19,883 | 21,445 | 0.99 | 115.95 | 16.15 | 7.86 |
| 60 - 64 | 8,703 | 4,148 | 6,340 | 2,564 | 8,070 | (52.37) | 52.85 | (59.56) | 214.74 |
| 65 & Over | 7,093 | 1,167 | 2,498 | 5,934 | 4,547 | (83.55) | 114.06 | 137.59 | (23.38) |

Note: This table reflects fee-for-service data only.

## Table 2.2C
## Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2001 to March 31, 2005

| Optometrist Age Group | Number of Optometrists | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 311 | 326 | 340 | 358 | 367 | 4.82% | 4.29% | 5.29% | 2.51% |
| Under 30 | 53 | 52 | 48 | 47 | 53 | (1.89) | (7.69) | (2.08) | 12.77 |
| 30 - 34 | 66 | 71 | 86 | 86 | 84 | 7.58 | 21.13 | 0.00 | (2.33) |
| 35 - 39 | 28 | 36 | 40 | 48 | 55 | 28.57 | 11.11 | 20.00 | 14.58 |
| 40 - 44 | 36 | 36 | 32 | 31 | 32 | 0.00 | (11.11) | (3.13) | 3.23 |
| 45 - 49 | 43 | 45 | 44 | 45 | 39 | 4.65 | (2.22) | 2.27 | (13.33) |
| 50 - 54 | 36 | 32 | 31 | 39 | 38 | (11.11) | (3.13) | 25.81 | (2.56) |
| 55 - 59 | 25 | 31 | 34 | 37 | 33 | 24.00 | 9.68 | 8.82 | (10.81) |
| 60 - 64 | 14 | 16 | 16 | 14 | 21 | 14.29 | 0.00 | (12.50) | 50.00 |
| 65 & Over | 10 | 7 | 9 | 11 | 12 | (30.00) | 28.57 | 22.22 | 9.09 |

| Optometrist Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | $42,551 | $44,944 | $45,713 | $46,592 | $50,034 | 5.62% | 1.71% | 1.92% | 7.39% |
| Under 30 | 35,730 | 36,879 | 38,632 | 41,668 | 42,820 | 3.22 | 4.75 | 7.86 | 2.76 |
| 30 - 34 | 40,963 | 45,326 | 46,702 | 49,791 | 53,587 | 10.65 | 3.04 | 6.62 | 7.62 |
| 35 - 39 | 45,941 | 43,026 | 41,370 | 40,707 | 48,626 | (6.34) | (3.85) | (1.60) | 19.45 |
| 40 - 44 | 48,492 | 47,112 | 47,531 | 48,266 | 52,114 | (2.84) | 0.89 | 1.55 | 7.97 |
| 45 - 49 | 46,503 | 54,326 | 54,047 | 53,726 | 59,031 | 16.82 | (0.51) | (0.59) | 9.87 |
| 50 - 54 | 48,329 | 46,212 | 45,682 | 48,510 | 54,248 | (4.38) | (1.15) | 6.19 | 11.83 |
| 55 - 59 | 55,282 | 56,137 | 55,539 | 49,964 | 50,339 | 1.55 | (1.07) | (10.04) | 0.75 |
| 60 - 64 | 22,116 | 26,224 | 36,224 | 39,342 | 48,318 | 18.57 | 38.13 | 8.61 | 22.82 |
| 65 & Over | 17,282 | 26,799 | 25,967 | 25,429 | 17,506 | 55.06 | (3.10) | (2.07) | (31.16) |

Note: This table reflects fee-for-service data only.

## Table 2.2D
## Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2001 to March 31, 2005

| Podiatrist Age Group | Number of Podiatrists | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 44 | 48 | 50 | 53 | 51 | 9.09% | 4.17% | 6.00% | -3.77% |
| Under 35 | 13 | 15 | 12 | 10 | 5 | 15.38 | (20.00) | (16.67) | (50.00) |
| 35 - 39 | 14 | 12 | 14 | 16 | 19 | (14.29) | 16.67 | 14.29 | 18.75 |
| 40 - 44 | 6 | 7 | 7 | 9 | 10 | 16.67 | 0.00 | 28.57 | 11.11 |
| 45 - 49 | 2 | 5 | 6 | 5 | 7 | 150.00 | 20.00 | (16.67) | 40.00 |
| 50 - 54 | 5 | 4 | 5 | 7 | 4 | (20.00) | 25.00 | 40.00 | (42.86) |
| 55 & Over | 4 | 5 | 6 | 6 | 6 | 25.00 | 20.00 | 0.00 | 0.00 |

| Podiatrist Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | $137,607 | $136,066 | $137,316 | $134,890 | $141,689 | -1.12% | 0.92% | -1.77% | 5.04% |
| Under 35 | 150,516 | 140,868 | 154,447 | 113,058 | 123,458 | (6.41) | 9.64 | (26.80) | 9.20 |
| 35 - 39 | 135,072 | 146,647 | 143,923 | 163,618 | 144,684 | 8.57 | (1.86) | 13.68 | (11.57) |
| 40 - 44 | 136,107 | 142,352 | 154,388 | 158,694 | 167,149 | 4.59 | 8.46 | 2.79 | 5.33 |
| 45 - 49 | 103,064 | 101,144 | 101,436 | 115,237 | 125,412 | (1.86) | 0.29 | 13.61 | 8.83 |
| 50 - 54 | 120,199 | 133,588 | 120,581 | 99,483 | 131,127 | 11.14 | (9.74) | (17.50) | 31.81 |
| 55 & Over | 145,808 | 124,366 | 117,549 | 116,652 | 130,995 | (14.71) | (5.48) | (0.76) | 12.30 |

Note: This table reflects fee-for-service data only.

## Table 2.3
## Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2004 to March 31, 2005[1]

| Practitioner Type | Total Payments | Number of Services | Average Cost Per Service | Number of Discrete Patients[2] | Average Cost Per Discrete Patient | Services Per Discrete Patient |
|---|---|---|---|---|---|---|
| **Total** | $1,417,122,426 | 35,480,222 | $39.94 | 2,819,541 | $502.61 | 13 |
| Physicians | 1,348,724,184 | 31,683,660 | 42.57 | 2,728,340 | 494.34 | 12 |
| Dentists/Oral Surgeons | 2,843,638 | 14,658 | 194.00 | 10,900 | 260.88 | 1 |
| Chiropractors | 39,966,107 | 3,052,733 | 13.09 | 442,746 | 90.27 | 7 |
| Optometrists | 18,362,362 | 440,891 | 41.65 | 349,865 | 52.48 | 1 |
| Podiatrists | 7,226,135 | 288,280 | 25.07 | 92,440 | 78.17 | 3 |

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

(2) "Number of Discrete Patients" contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

## Table 2.4
## Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2001 to March 31, 2005

| Practitioner Type | Number of Services | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 30,752,048 | 31,574,208 | 32,969,174 | 33,822,386 | 35,480,222 | 2.67% | 4.42% | 2.59% | 4.90% |
| Physicians | 27,233,744 | 27,842,671 | 29,328,923 | 30,044,400 | 31,683,660 | 2.24 | 5.34 | 2.44 | 5.46 |
| Dentists/Oral Surgeons | 14,708 | 14,585 | 16,759 | 14,802 | 14,658 | (0.84) | 14.91 | (11.68) | (0.97) |
| Chiropractors | 2,873,971 | 3,043,585 | 2,916,471 | 3,040,001 | 3,052,733 | 5.90 | (4.18) | 4.24 | 0.42 |
| Optometrists | 372,318 | 398,550 | 420,149 | 431,148 | 440,891 | 7.05 | 5.42 | 2.62 | 2.26 |
| Podiatrists | 257,307 | 274,817 | 286,872 | 292,035 | 288,280 | 6.81 | 4.39 | 1.80 | (1.29) |

Note: This table reflects fee-for-service data only.

## Table 2.5A
## Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2001 to March 31, 2005

| Year | Total Optometry Payments | Number of Optometry Services | Average Cost Per Service | Number of Discrete Patients[1] | Average Cost Per Discrete Patient | Number of Services Per Patient | Population Covered |
|---|---|---|---|---|---|---|---|
| 2000/2001 | $8,741,515 | 240,972 | $36.28 | 210,033 | $41.62 | 1.15 | 815,505 |
| 2001/2002 | $9,098,288 | 251,481 | $36.18 | 218,622 | $41.62 | 1.15 | 819,846 |
| 2002/2003 | $10,010,029 | 274,109 | $36.52 | 233,597 | $42.85 | 1.17 | 820,551 |
| 2003/2004 | $10,439,408 | 275,355 | $37.91 | 236,503 | $44.14 | 1.16 | 820,336 |
| 2004/2005 | $11,427,267 | 280,094 | $40.80 | 240,976 | $47.42 | 1.16 | 821,643 |

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

## Table 2.5B
## Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2001 to March 31, 2005

| Year | Total Optometry Payments | Number of Optometry Services | Average Cost Per Service | Number of Discrete Patients[1] | Average Cost Per Discrete Patient | Number of Services Per Patient | Population Covered |
|---|---|---|---|---|---|---|---|
| 2000/2001 | $4,491,726 | 131,346 | $34.20 | 89,416 | $50.23 | 1.47 | 307,544 |
| 2001/2002 | $5,553,419 | 147,069 | $37.76 | 97,492 | $56.96 | 1.51 | 315,415 |
| 2002/2003 | $5,532,274 | 146,040 | $37.88 | 96,426 | $57.37 | 1.51 | 323,311 |
| 2003/2004 | $6,240,498 | 155,793 | $40.06 | 104,866 | $59.51 | 1.49 | 330,720 |
| 2004/2005 | $6,935,096 | 160,797 | $43.13 | 108,889 | $63.69 | 1.48 | 339,216 |

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

## Table 2.6
## Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2001 to March 31, 2005[1]

| Practitioner Type | Number of Practitioners | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 6,132 | 6,448 | 6,631 | 6,806 | 6,979 | 5.15% | 2.84% | 2.64% | 2.54% |
| Physicians | 4,856 | 5,079 | 5,206 | 5,363 | 5,501 | 4.59 | 2.50 | 3.02 | 2.57 |
| Dentists/Oral Surgeons | 232 | 250 | 234 | 216 | 216 | 7.76 | (6.40) | (7.69) | 0.00 |
| Chiropractors | 689 | 745 | 801 | 816 | 844 | 8.13 | 7.52 | 1.87 | 3.43 |
| Optometrists | 311 | 326 | 340 | 358 | 367 | 4.82 | 4.29 | 5.29 | 2.51 |
| Podiatrists | 44 | 48 | 50 | 53 | 51 | 9.09 | 4.17 | 6.00 | (3.77) |

| Practitioner Type | Total Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | $1,016,877,883 | $1,123,055,469 | $1,287,341,171 | $1,338,051,646 | $1,417,122,426 | 10.44% | 14.63% | 3.94% | 5.91% |
| Physicians | 959,073,855 | 1,061,169,693 | 1,225,626,637 | 1,272,779,982 | 1,348,724,184 | 10.65 | 15.50 | 3.85 | 5.97 |
| Dentists/Oral Surgeons | 2,116,386 | 2,167,898 | 2,394,458 | 2,404,042 | 2,843,638 | 2.43 | 10.45 | 0.40 | 18.29 |
| Chiropractors | 36,399,695 | 38,535,026 | 36,911,951 | 39,038,527 | 39,966,107 | 5.87 | (4.21) | 5.76 | 2.38 |
| Optometrists | 13,233,240 | 14,651,707 | 15,542,303 | 16,679,907 | 18,362,362 | 10.72 | 6.08 | 7.32 | 10.09 |
| Podiatrists | 6,054,707 | 6,531,145 | 6,865,822 | 7,149,189 | 7,226,135 | 7.87 | 5.12 | 4.13 | 1.08 |

| Practitioner Type | Average Payment | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | $165,831 | $174,171 | $194,140 | $196,599 | $203,055 | 5.03% | 11.46% | 1.27% | 3.28% |
| Physicians | 197,503 | 208,933 | 235,426 | 237,326 | 245,178 | 5.79 | 12.68 | 0.81 | 3.31 |
| Dentists/Oral Surgeons | 9,122 | 8,672 | 10,233 | 11,130 | 13,165 | (4.94) | 18.00 | 8.77 | 18.29 |
| Chiropractors | 52,830 | 51,725 | 46,082 | 47,841 | 47,353 | (2.09) | (10.91) | 3.82 | (1.02) |
| Optometrists | 42,551 | 44,944 | 45,713 | 46,592 | 50,034 | 5.62 | 1.71 | 1.92 | 7.39 |
| Podiatrists | 137,607 | 136,066 | 137,316 | 134,890 | 141,689 | (1.12) | 0.92 | (1.77) | 5.04 |

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

## Table 2.7
## Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2001 to March 31, 2005[1]

| Dollar Range | Total | | | | | Physicians | | | | | Dentists/Oral Surgeons | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| **Total** | 6,132 | 6,448 | 6,631 | 6,806 | 6,979 | 4,856 | 5,079 | 5,206 | 5,363 | 5,501 | 232 | 250 | 234 | 216 | 216 |
| Less than $10,000 | 510 | 540 | 551 | 561 | 568 | 204 | 210 | 220 | 252 | 271 | 201 | 219 | 198 | 182 | 178 |
| 10,000- 19,999 | 252 | 238 | 277 | 295 | 310 | 136 | 122 | 142 | 159 | 163 | 6 | 10 | 13 | 9 | 12 |
| 20,000- 39,999 | 463 | 524 | 523 | 559 | 554 | 224 | 257 | 241 | 282 | 255 | 7 | 4 | 4 | 7 | 5 |
| 40,000- 59,999 | 494 | 489 | 526 | 508 | 514 | 271 | 251 | 210 | 209 | 221 | 5 | 2 | 7 | 3 | 3 |
| 60,000- 79,999 | 435 | 466 | 421 | 454 | 458 | 262 | 277 | 243 | 260 | 246 | 7 | 7 | 5 | 8 | 5 |
| 80,000- 99,999 | 397 | 399 | 326 | 339 | 335 | 295 | 291 | 255 | 247 | 231 | 2 | 4 | 1 | 2 | 6 |
| 100,000-119,999 | 356 | 329 | 299 | 297 | 309 | 303 | 284 | 253 | 252 | 255 | | | 1 | 1 | 3 |
| 120,000-139,999 | 334 | 335 | 271 | 283 | 296 | 311 | 302 | 243 | 252 | 268 | 1 | 1 | 1 | 1 | 1 |
| 140,000-159,999 | 304 | 320 | 296 | 293 | 281 | 282 | 298 | 282 | 277 | 260 | | | | | |
| 160,000-179,999 | 327 | 307 | 283 | 269 | 248 | 320 | 299 | 274 | 264 | 243 | | | 1 | | |
| 180,000-199,999 | 287 | 288 | 270 | 269 | 247 | 282 | 284 | 265 | 263 | 242 | 2 | 1 | | | |
| 200,000-299,999 | 1,145 | 1,175 | 1,224 | 1,243 | 1,309 | 1,139 | 1,167 | 1,216 | 1,232 | 1,299 | 1 | 2 | 2 | 3 | 2 |
| 300,000-399,999 | 453 | 574 | 697 | 697 | 748 | 453 | 574 | 696 | 696 | 746 | | | 1 | | 1 |
| 400,000-499,999 | 153 | 194 | 301 | 332 | 354 | 153 | 194 | 301 | 332 | 354 | | | | | |
| 500,000-599,999 | 80 | 87 | 113 | 132 | 150 | 80 | 87 | 112 | 132 | 150 | | | | | |
| 600,000-699,999 | 57 | 80 | 80 | 78 | 81 | 56 | 79 | 80 | 77 | 80 | | | | | |
| 700,000-799,999 | 19 | 28 | 58 | 70 | 54 | 19 | 28 | 58 | 70 | 54 | | | | | |
| 800,000-899,999 | 14 | 19 | 36 | 34 | 43 | 14 | 19 | 36 | 34 | 43 | | | | | |
| 900,000-999,999 | 13 | 7 | 18 | 22 | 36 | 13 | 7 | 18 | 22 | 36 | | | | | |
| 1,000,000 & Over | 39 | 49 | 61 | 71 | 84 | 39 | 49 | 61 | 71 | 84 | | | | | |

*Continued...*

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

## Table 2.7
## Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2001 to March 31, 2005[1]

| | Chiropractors | | | | | Optometrists | | | | | Podiatrists | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dollar Range | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| **Total** | 689 | 745 | 801 | 816 | 844 | 311 | 326 | 340 | 358 | 367 | 44 | 48 | 50 | 53 | 51 |
| Less than $10,000 | 73 | 93 | 101 | 88 | 90 | 32 | 16 | 30 | 36 | 28 | | 2 | 2 | 3 | 1 |
| 10,000- 19,999 | 79 | 71 | 99 | 98 | 99 | 31 | 35 | 23 | 29 | 34 | | | | | 2 |
| 20,000- 39,999 | 138 | 161 | 185 | 198 | 208 | 92 | 100 | 91 | 90 | 86 | 2 | 2 | 2 | 2 | |
| 40,000- 59,999 | 142 | 147 | 193 | 194 | 194 | 75 | 87 | 115 | 98 | 92 | 1 | 2 | 1 | 4 | 4 |
| 60,000- 79,999 | 109 | 126 | 116 | 116 | 131 | 55 | 55 | 53 | 68 | 75 | 2 | 1 | 4 | 2 | 1 |
| 80,000- 99,999 | 74 | 75 | 48 | 64 | 64 | 21 | 27 | 18 | 21 | 28 | 5 | 2 | 4 | 5 | 6 |
| 100,000-119,999 | 47 | 33 | 34 | 30 | 36 | 3 | 5 | 8 | 11 | 13 | 3 | 7 | 3 | 3 | 2 |
| 120,000-139,999 | 13 | 23 | 17 | 20 | 13 | 1 | 1 | 1 | 4 | 7 | 8 | 8 | 9 | 6 | 7 |
| 140,000-159,999 | 9 | 10 | 4 | 3 | 5 | 1 | | 1 | 1 | 4 | 12 | 12 | 9 | 12 | 12 |
| 160,000-179,999 | 3 | 4 | 2 | 1 | 0 | | | | | | 4 | 4 | 6 | 4 | 5 |
| 180,000-199,999 | | 1 | 1 | 2 | 2 | | | | | | 3 | 2 | 4 | 4 | 3 |
| 200,000-299,999 | 1 | | | 1 | 1 | | | | | | 4 | 6 | 6 | 7 | 7 |
| 300,000-399,999 | | | | | | | | | | | | | | 1 | 1 |
| 400,000-499,999 | | | | | | | | | | | | | | | |
| 500,000-599,999 | | | 1 | | | | | | | | | | | | |
| 600,000-699,999 | 1 | 1 | | 1 | 1 | | | | | | | | | | |
| 700,000-799,999 | | | | | | | | | | | | | | | |
| 800,000-899,999 | | | | | | | | | | | | | | | |
| 900,000-999,999 | | | | | | | | | | | | | | | |
| 1,000,000 & Over | | | | | | | | | | | | | | | |

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

## Table 2.8
## Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2001 to March 31, 2005

| Year | Total Physician Payments | Number of Services | Average Cost Per Service | Number of Discrete Patients[1] | Average Cost Per Discrete Patient | Number of Services Per Patient | Population Covered |
|---|---|---|---|---|---|---|---|
| 2000/2001 | $959,073,855 | 27,233,744 | $35.22 | 2,572,066 | $372.88 | 10.59 | 3,007,582 |
| 2001/2002 | $1,061,169,693 | 27,842,671 | $38.11 | 2,601,914 | $407.84 | 10.70 | 3,072,384 |
| 2002/2003 | $1,225,626,637 | 29,328,923 | $41.79 | 2,642,193 | $463.87 | 11.10 | 3,124,487 |
| 2003/2004 | $1,272,779,982 | 30,044,400 | $42.36 | 2,689,453 | $473.25 | 11.17 | 3,165,157 |
| 2004/2005 | $1,348,724,184 | 31,683,660 | $42.57 | 2,728,340 | $494.34 | 11.61 | 3,210,035 |
| Percentage Change 2005/2004 | 5.97 | 5.46 | 0.48 | 1.45 | 4.46 | 3.95 | 1.42 |
| Annual Average % Change for Last 5 Years | 8.90 | 3.86 | 4.85 | 1.49 | 7.30 | 2.34 | 1.64 |

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

## Table 2.9
## Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2004 to March 31, 2005

| Dollar Range | Distribution Of | | |
|---|---|---|---|
| | Discrete Patients[1] | Payments | Services |
| **Total** | 2,728,340 | $1,348,724,184 | 31,683,660 |
| $ 0.01 - 50.00 | 291,616 | 8,781,200 | 305,297 |
| 50.01 - 100.00 | 449,048 | 32,435,244 | 984,600 |
| 100.01 - 200.00 | 534,585 | 78,175,776 | 2,252,406 |
| 200.01 - 300.00 | 348,534 | 85,776,270 | 2,371,953 |
| 300.01 - 400.00 | 235,095 | 81,631,180 | 2,183,699 |
| 400.01 - 500.00 | 166,602 | 74,501,789 | 1,934,440 |
| 500.01 - 600.00 | 120,725 | 66,108,174 | 1,669,815 |
| 600.01 - 700.00 | 89,805 | 58,166,303 | 1,440,240 |
| 700.01 - 800.00 | 68,814 | 51,453,093 | 1,239,744 |
| 800.01 - 900.00 | 54,390 | 46,138,881 | 1,091,165 |
| 900.01 - 1,000.00 | 44,207 | 41,929,053 | 973,425 |
| 1,000.01 - 2,000.00 | 208,347 | 289,254,149 | 6,270,072 |
| 2,000.01 - 3,000.00 | 63,382 | 153,166,244 | 3,179,159 |
| 3,000.01 - 4,000.00 | 24,444 | 83,795,195 | 1,766,415 |
| 4,000.01 - 5,000.00 | 10,714 | 47,585,098 | 1,026,766 |
| 5,000.01 and Over | 18,032 | 149,826,537 | 2,994,464 |

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients who received at least one medical service during the fiscal year.

## Table 2.9A
## Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2004 to March 31, 2005

| Dollar Range | Percentage Distribution | | |
|---|---|---|---|
| | Discrete Patients[1] | Payments | Services |
| **Total** | 100.00% | 100.00% | 100.00% |
| $ 0.01 - 50.00 | 10.69 | 0.65 | 0.96 |
| 50.01 - 100.00 | 16.46 | 2.40 | 3.11 |
| 100.01 - 200.00 | 19.59 | 5.80 | 7.11 |
| 200.01 - 300.00 | 12.77 | 6.36 | 7.49 |
| 300.01 - 400.00 | 8.62 | 6.05 | 6.89 |
| 400.01 - 500.00 | 6.11 | 5.52 | 6.11 |
| 500.01 - 600.00 | 4.42 | 4.90 | 5.27 |
| 600.01 - 700.00 | 3.29 | 4.31 | 4.55 |
| 700.01 - 800.00 | 2.52 | 3.81 | 3.91 |
| 800.01 - 900.00 | 1.99 | 3.42 | 3.44 |
| 900.01 - 1,000.00 | 1.62 | 3.11 | 3.07 |
| 1,000.01 - 2,000.00 | 7.64 | 21.45 | 19.79 |
| 2,000.01 - 3,000.00 | 2.32 | 11.36 | 10.03 |
| 3,000.01 - 4,000.00 | 0.90 | 6.21 | 5.58 |
| 4,000.01 - 5,000.00 | 0.39 | 3.53 | 3.24 |
| 5,000.01 and Over | 0.66 | 11.11 | 9.45 |

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.

## Table 2.10
## Distribution of Physicians by Specialty
## for the Service Years Ended March 31, 2001 to March 31, 2005

| Physicians by Specialty | Number of Practitioners | | | | |
|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| **Total: All Physicians** | 4,856 | 5,079 | 5,206 | 5,363 | 5,501 |
| **Subtotal:** | | | | | |
| All Physicians (except Pathology) | 4,835 | 5,057 | 5,187 | 5,343 | 5,481 |
| All Specialists (except GP/FPs & Pathology) | 2,176 | 2,311 | 2,346 | 2,406 | 2,455 |
| **Physicians by Specialty** | | | | | |
| Anaesthesiology | 237 | 245 | 262 | 260 | 281 |
| Cardiovascular and Thoracic Surgery | 18 | 21 | 22 | 22 | 22 |
| Dermatology | 35 | 36 | 34 | 34 | 40 |
| Emergency Medicine | 57 | 61 | 62 | 65 | 68 |
| General/Family Physicians (GP/FPs) | 2,659 | 2,746 | 2,841 | 2,937 | 3,026 |
| - General/Family Physicians | 2,633 | 2,594 | 2,669 | 2,760 | 2,845 |
| - Full Time Emergency Room Physicians[1] | n.a. | 128 | 143 | 150 | 157 |
| - Mental Health Generalists | 18 | 16 | 19 | 19 | 18 |
| - Other General Practice Physicians | 8 | 8 | 10 | 8 | 6 |
| General Surgery | 146 | 142 | 144 | 150 | 155 |
| - General Surgery designated specialty | 135 | 129 | 131 | 137 | 139 |
| - Other General Surgery | 11 | 13 | 13 | 13 | 16 |
| Internal Medicine | 456 | 510 | 483 | 515 | 507 |
| - Internal Medicine designated specialty | 313 | 323 | 256 | 263 | 246 |
| - Cardiology | 54 | 57 | 63 | 66 | 61 |
| - Endocrinology/Metabolism | 7 | 7 | 7 | 7 | 7 |
| - Gastroenterology | 22 | 31 | 40 | 44 | 45 |
| - Infectious Diseases | 12 | 11 | 10 | 10 | 15 |
| - Other Internal Medicine | 48 | 81 | 107 | 125 | 133 |
| Neurology | 59 | 64 | 58 | 63 | 62 |
| Neurosurgery | 20 | 21 | 23 | 11 | 6 |
| Obstetrics-Gynaecology | 122 | 124 | 130 | 138 | 143 |
| Ophthalmology | 85 | 85 | 87 | 87 | 90 |
| Orthopaedic Surgery | 100 | 106 | 113 | 115 | 117 |
| Otolaryngology | 32 | 33 | 35 | 40 | 41 |
| Paediatrics | 231 | 227 | 236 | 229 | 223 |
| Physical Medicine & Rehabilitation | 23 | 26 | 28 | 29 | 30 |
| Plastic Surgery | 36 | 38 | 42 | 44 | 44 |
| Psychiatry | 299 | 317 | 320 | 329 | 342 |
| - Psychiatry designated specialty | 278 | 299 | 306 | 318 | 342 |
| - Mental Health specialty | 21 | 18 | 14 | 11 | N/A |
| Urology | 36 | 36 | 35 | 36 | 43 |
| Laboratory Specialists | 205 | 241 | 251 | 259 | 261 |
| - Pathology | 21 | 22 | 19 | 20 | 20 |
| - Radiology | 184 | 219 | 232 | 239 | 241 |

Note: This table reflects fee-for-service data only.

(1) New specialty effective January 1, 2001.

## Table 2.10A
## Distribution of Average Gross Payments
## for the Service Years Ended March 31, 2001 to March 31, 2005[1]

| Physicians by Specialty | Average Payment | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total: All Physicians** | $197,503 | $208,933 | $235,426 | $237,326 | $245,178 | 5.79% | 12.68% | 0.81% | 3.31% |
| **Subtotal:** | | | | | | | | | |
| All Physicians (except Pathology) | 197,812 | 209,271 | 235,504 | 237,395 | 245,182 | 5.79 | 12.54 | 0.80 | 3.28 |
| All Specialists (except GP/FPs & Pathology) | 241,608 | 252,793 | 288,969 | 292,380 | 304,239 | 4.63 | 14.31 | 1.18 | 4.06 |
| **Physicians by Specialty** | | | | | | | | | |
| Anaesthesiology | 199,312 | 215,243 | 235,856 | 250,858 | 250,467 | 7.99 | 9.58 | 6.36 | (0.16) |
| Cardiovascular and Thoracic Surgery | 523,341 | 482,665 | 533,865 | 548,864 | 526,835 | (7.77) | 10.61 | 2.81 | (4.01) |
| Dermatology | 356,581 | 396,739 | 480,242 | 493,553 | 487,498 | 11.26 | 21.05 | 2.77 | (1.23) |
| Emergency Medicine | 143,422 | 147,411 | 178,498 | 164,810 | 171,518 | 2.78 | 21.09 | (7.67) | 4.07 |
| General/Family Physicians (GP/FPs) | 161,971 | 172,643 | 191,354 | 192,352 | 197,269 | 6.59 | 10.84 | 0.52 | 2.56 |
| - General/Family Physicians | 162,288 | 173,515 | 192,361 | 193,346 | 197,521 | 6.92 | 10.86 | 0.51 | 2.16 |
| - Full Time Emergency Room Physicians[2] | n.a. | 165,081 | 185,968 | 179,229 | 196,961 | n.a. | n.a. | n.a. | 9.89 |
| - Mental Health Generalists | 155,982 | 139,951 | 146,280 | 189,103 | 201,927 | (10.28) | 4.52 | 29.27 | 6.78 |
| - Other General Practice Physicians | 71,066 | 76,233 | 85,231 | 103,109 | 71,755 | 7.27 | 11.80 | 20.98 | (30.41) |
| General Surgery | 257,268 | 274,810 | 317,109 | 315,223 | 322,037 | 6.82 | 15.39 | (0.59) | 2.16 |
| - General Surgery designated specialty | 258,432 | 275,892 | 314,859 | 313,119 | 326,086 | 6.76 | 14.12 | (0.55) | 4.14 |
| - Other General Surgery | 242,978 | 264,074 | 339,777 | 337,398 | 286,859 | 8.68 | 28.67 | (0.70) | (14.98) |
| Internal Medicine | 211,980 | 217,531 | 246,196 | 245,007 | 244,325 | 2.62 | 13.18 | (0.48) | (0.28) |
| - Internal Medicine designated specialty | 186,392 | 187,563 | 213,110 | 218,624 | 210,232 | 0.63 | 13.62 | 2.59 | (3.84) |
| - Cardiology | 407,983 | 422,672 | 465,895 | 464,413 | 519,419 | 3.60 | 10.23 | (0.32) | 11.84 |
| - Endocrinology/Metabolism | 82,369 | 81,283 | 121,532 | 123,705 | N/A | (1.32) | 49.52 | 1.79 | N/A |
| - Gastroenterology | 268,325 | 275,359 | 288,611 | 273,610 | 251,750 | 2.62 | 4.81 | (5.20) | (7.99) |
| - Infectious Diseases | 81,508 | 93,202 | 77,036 | 71,814 | 53,617 | 14.35 | (17.35) | (6.78) | (25.34) |
| - Other Internal Medicine | 184,023 | 199,204 | 204,109 | 195,251 | 210,851 | 8.25 | 2.46 | (4.34) | 7.99 |
| Neurology | 134,731 | 138,092 | 169,147 | 158,331 | 181,869 | 2.49 | 22.49 | (6.39) | 14.87 |
| Neurosurgery | 234,566 | 230,187 | 226,522 | 20,001 | N/A | (1.87) | (1.59) | (91.17) | N/A |
| Obstetrics-Gynaecology | 288,779 | 303,457 | 349,249 | 349,992 | 363,105 | 5.08 | 15.09 | 0.21 | 3.75 |
| Ophthalmology | 455,009 | 508,304 | 566,680 | 592,035 | 599,613 | 11.71 | 11.48 | 4.47 | 1.28 |
| Orthopaedic Surgery | 239,291 | 255,405 | 270,387 | 282,137 | 305,382 | 6.73 | 5.87 | 4.35 | 8.24 |
| Otolaryngology | 397,989 | 441,012 | 498,151 | 461,734 | 490,010 | 10.81 | 12.96 | (7.31) | 6.12 |
| Paediatrics | 125,727 | 139,214 | 149,438 | 140,337 | 145,548 | 10.73 | 7.34 | (6.09) | 3.71 |
| Physical Medicine & Rehabilitation | 102,649 | 94,196 | 110,263 | 111,880 | 124,001 | (8.24) | 17.06 | 1.47 | 10.83 |
| Plastic Surgery | 277,029 | 288,808 | 321,137 | 335,632 | 339,758 | 4.25 | 11.19 | 4.51 | 1.23 |
| Psychiatry | 159,515 | 167,590 | 199,280 | 200,098 | 207,799 | 5.06 | 18.91 | 0.41 | 3.85 |
| - Psychiatry designated specialty | 161,711 | 168,914 | 199,608 | 200,062 | 207,799 | 4.45 | 18.17 | 0.23 | 3.87 |
| - Mental Health specialty | 130,438 | 145,591 | 192,111 | 201,113 | N/A | 11.62 | 31.95 | 4.69 | N/A |
| Urology | 293,492 | 315,435 | 376,983 | 376,828 | 349,112 | 7.48 | 19.51 | (0.04) | (7.36) |
| Laboratory Specialists | 458,567 | 437,112 | 517,771 | 537,165 | 592,154 | (4.68) | 18.45 | 3.75 | 10.24 |
| - Pathology | 126,332 | 131,230 | 214,164 | 218,876 | 244,057 | 3.88 | 63.20 | 2.20 | 11.50 |
| - Radiology | 496,486 | 467,839 | 542,635 | 563,800 | 621,042 | (5.77) | 15.99 | 3.90 | 10.15 |

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) New specialty effective January 1, 2001.

## Table 2.10B
## Distribution of Median Gross Payments
## for the Service Years Ended March 31, 2001 to March 31, 2005[1]

| Physicians by Specialty | Median Payment | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total: All Physicians** | $169,086 | $175,783 | $198,493 | $198,980 | $206,290 | 3.96% | 12.92% | 0.25% | 3.67% |
| **Subtotal:** | | | | | | | | | |
| All Physicians (except Pathology) | 167,471 | 176,336 | 198,931 | 199,520 | 206,903 | 5.29 | 12.81 | 0.30 | 3.70 |
| All Specialists (except GP/FPs & Pathology) | 187,803 | 202,150 | 235,256 | 237,148 | 244,664 | 7.64 | 16.38 | 0.80 | 3.17 |
| **Physicians by Specialty** | | | | | | | | | |
| Anaesthesiology | 218,317 | 230,781 | 254,766 | 265,629 | 259,428 | 5.71 | 10.39 | 4.26 | (2.33) |
| Cardiovascular and Thoracic Surgery | 513,802 | 516,373 | 574,274 | 581,377 | 524,139 | 0.50 | 11.21 | 1.24 | (9.85) |
| Dermatology | 310,463 | 359,685 | 413,839 | 449,449 | 438,569 | 15.85 | 15.06 | 8.60 | (2.42) |
| Emergency Medicine | 129,842 | 137,042 | 169,125 | 156,243 | 161,205 | 5.55 | 23.41 | (7.62) | 3.18 |
| General/Family Physicians (GP/FPs) | 157,228 | 164,939 | 181,436 | 182,226 | 188,092 | 4.90 | 10.00 | 0.44 | 3.22 |
| - General/Family Physicians | 157,411 | 165,116 | 181,598 | 182,597 | 187,290 | 4.89 | 9.98 | 0.55 | 2.57 |
| - Full Time Emergency Room Physicians[2] | n.a. | 170,658 | 193,172 | 177,809 | 202,451 | n.a. | n.a. | (7.95) | 13.86 |
| - Mental Health Generalists | 164,987 | 162,645 | 152,953 | 193,058 | 228,259 | (1.42) | (5.96) | 26.22 | 18.23 |
| - Other General Practice Physicians | 12,224 | 8,241 | 2,610 | 66,896 | 59,645 | (32.58) | (68.33) | 2463.17 | (10.84) |
| General Surgery | 279,211 | 313,357 | 333,661 | 327,550 | 337,241 | 12.23 | 6.48 | (1.83) | 2.96 |
| - General Surgery designated specialty | 278,956 | 321,593 | 332,580 | 322,339 | 339,697 | 15.28 | 3.42 | (3.08) | 5.39 |
| - Other General Surgery | 280,436 | 275,351 | 334,741 | 333,538 | 308,489 | (1.81) | 21.57 | (0.36) | (7.51) |
| Internal Medicine | 157,376 | 152,032 | 181,545 | 173,216 | 144,555 | (3.40) | 19.41 | (4.59) | (16.55) |
| - Internal Medicine designated specialty | 148,365 | 135,979 | 167,766 | 164,429 | 136,501 | (8.35) | 23.38 | (1.99) | (16.99) |
| - Cardiology | 386,820 | 391,169 | 367,863 | 410,715 | 553,138 | 1.12 | (5.96) | 11.65 | 34.68 |
| - Endocrinology/Metabolism | 68,951 | 68,619 | 125,102 | 128,825 | N/A | (0.48) | 82.32 | 2.98 | N/A |
| - Gastroenterology | 255,773 | 269,451 | 309,456 | 273,574 | 154,561 | 5.35 | 14.85 | (11.60) | (43.50) |
| - Infectious Diseases | 69,233 | 72,588 | 55,149 | 59,318 | 49,543 | 4.85 | (24.02) | 7.56 | (16.48) |
| - Other Internal Medicine | 144,945 | 142,293 | 156,874 | 132,205 | 120,358 | (1.83) | 10.25 | (15.73) | (8.96) |
| Neurology | 105,090 | 112,291 | 147,262 | 154,900 | 183,059 | 6.85 | 31.14 | 5.19 | 18.18 |
| Neurosurgery | 245,009 | 246,880 | 240,971 | 20,001 | N/A | 0.76 | (2.39) | (91.70) | N/A |
| Obstetrics-Gynaecology | 261,429 | 270,979 | 323,753 | 309,387 | 344,093 | 3.65 | 19.48 | (4.44) | 11.22 |
| Ophthalmology | 388,330 | 449,006 | 474,143 | 507,175 | 498,291 | 15.62 | 5.60 | 6.97 | (1.75) |
| Orthopaedic Surgery | 267,151 | 290,831 | 298,866 | 307,811 | 321,064 | 8.86 | 2.76 | 2.99 | 4.31 |
| Otolaryngology | 396,680 | 423,991 | 460,972 | 467,438 | 471,779 | 6.88 | 8.72 | 1.40 | 0.93 |
| Paediatrics | 90,852 | 102,887 | 108,222 | 85,858 | 103,909 | 13.25 | 5.18 | (20.66) | 21.02 |
| Physical Medicine & Rehabilitation | 104,489 | 81,064 | 102,701 | 102,221 | 112,857 | (22.42) | 26.69 | (0.47) | 10.40 |
| Plastic Surgery | 280,033 | 295,454 | 335,401 | 358,181 | 356,038 | 5.51 | 13.52 | 6.79 | (0.60) |
| Psychiatry | 152,378 | 160,307 | 196,330 | 200,048 | 205,354 | 5.20 | 22.47 | 1.89 | 2.65 |
| - Psychiatry designated specialty | 153,125 | 161,230 | 195,242 | 199,784 | 205,354 | 5.29 | 21.09 | 2.33 | 2.79 |
| - Mental Health specialty | 134,004 | 133,647 | 198,228 | 208,056 | N/A | (0.27) | 48.32 | 4.96 | N/A |
| Urology | 285,928 | 326,676 | 385,064 | 389,516 | 361,810 | 14.25 | 17.87 | 1.16 | (7.11) |
| Laboratory Specialists | 375,164 | 312,376 | 406,216 | 430,466 | 467,977 | (16.74) | 30.04 | 5.97 | 8.71 |
| - Pathology | 1,846 | 1,850 | 1,704 | 2,253 | 2,028 | 0.24 | (7.93) | 32.27 | (9.98) |
| - Radiology | 432,283 | 392,726 | 460,931 | 462,177 | 486,886 | (9.15) | 17.37 | 0.27 | 5.35 |

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) New specialty effective January 1, 2001.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| Dollar Range | All Physicians | | All Physicians (except Pathology) | | All Specialties (except General/Family Physicians and Pathology) | |
|---|---|---|---|---|---|---|
| | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $1,348,724,184 | 5,501 | $1,343,843,049 | 5,481 | $746,907,019 | 2,455 |
| Less than $10,000 | 958,224 | 271 | 928,857 | 257 | 459,892 | 148 |
| 10,000- 19,999 | 2,492,784 | 163 | 2,476,809 | 162 | 1,083,554 | 70 |
| 20,000- 39,999 | 7,674,711 | 255 | 7,651,397 | 254 | 3,661,460 | 120 |
| 40,000- 59,999 | 10,957,388 | 221 | 10,957,388 | 221 | 5,211,850 | 106 |
| 60,000- 79,999 | 17,267,989 | 246 | 17,194,882 | 245 | 6,490,941 | 93 |
| 80,000- 99,999 | 20,608,588 | 231 | 20,608,588 | 231 | 7,517,672 | 84 |
| 100,000-119,999 | 28,200,176 | 255 | 28,200,176 | 255 | 9,627,261 | 87 |
| 120,000-139,999 | 34,929,261 | 268 | 34,929,261 | 268 | 10,840,407 | 83 |
| 140,000-159,999 | 38,930,256 | 260 | 38,930,256 | 260 | 10,878,253 | 73 |
| 160,000-179,999 | 41,414,096 | 243 | 41,414,096 | 243 | 15,262,450 | 90 |
| 180,000-199,999 | 45,842,129 | 242 | 45,842,129 | 242 | 14,979,475 | 79 |
| 200,000-299,999 | 321,137,689 | 1,299 | 320,902,832 | 1,298 | 113,306,690 | 453 |
| 300,000-399,999 | 256,521,644 | 746 | 256,521,644 | 746 | 124,923,001 | 362 |
| 400,000-499,999 | 156,849,712 | 354 | 156,849,712 | 354 | 99,718,811 | 224 |
| 500,000-599,999 | 81,326,957 | 150 | 81,326,957 | 150 | 59,059,627 | 109 |
| 600,000-699,999 | 51,286,591 | 80 | 51,286,591 | 80 | 45,031,005 | 70 |
| 700,000-799,999 | 40,344,871 | 54 | 40,344,871 | 54 | 35,138,835 | 47 |
| 800,000-899,999 | 36,290,801 | 43 | 36,290,801 | 43 | 34,564,928 | 41 |
| 900,000-999,999 | 34,119,938 | 36 | 34,119,938 | 36 | 33,214,852 | 35 |
| 1,000,000 and Over | 121,570,381 | 84 | 117,065,866 | 82 | 115,936,058 | 81 |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| | Anaesthesiology | | Cardiovascular and Thoracic Surgery | | Dermatology | |
|---|---|---|---|---|---|---|
| Dollar Range | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $70,381,322 | 281 | $11,590,380 | 22 | $19,499,939 | 40 |
| Less than $10,000 | 12,735 | 2 | 3,188 | 1 | 74 | 2 |
| 10,000- 19,999 | 92,509 | 6 | | | | |
| 20,000- 39,999 | 252,930 | 8 | | | 56,408 | 2 |
| 40,000- 59,999 | 167,971 | 3 | | | 91,882 | 2 |
| 60,000- 79,999 | 562,820 | 8 | | | | |
| 80,000- 99,999 | 618,830 | 7 | | | 90,513 | 1 |
| 100,000-119,999 | 794,192 | 7 | | | | |
| 120,000-139,999 | 1,020,297 | 8 | | | | |
| 140,000-159,999 | 1,629,096 | 11 | 158,692 | 1 | 153,194 | 1 |
| 160,000-179,999 | 2,536,037 | 15 | 160,591 | 1 | 161,031 | 1 |
| 180,000-199,999 | 1,912,434 | 10 | | | | |
| 200,000-299,999 | 28,799,350 | 113 | 492,829 | 2 | 589,774 | 2 |
| 300,000-399,999 | 19,662,810 | 58 | 700,477 | 2 | 2,030,371 | 6 |
| 400,000-499,999 | 8,283,489 | 19 | 1,256,691 | 3 | 2,684,370 | 6 |
| 500,000-599,999 | 1,163,219 | 2 | 3,293,425 | 6 | 1,087,692 | 2 |
| 600,000-699,999 | 1,246,319 | 2 | 646,902 | 1 | 3,925,936 | 6 |
| 700,000-799,999 | 770,179 | 1 | 1,455,461 | 2 | 2,245,544 | 3 |
| 800,000-899,999 | 856,106 | 1 | | | 1,691,898 | 2 |
| 900,000-999,999 | | | 932,102 | 1 | 2,885,176 | 3 |
| 1,000,000 and Over | | | 2,490,022 | 2 | 1,806,078 | 1 |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| | Emergency Medicine | | All General/Family Physicians | | All General Surgery | |
|---|---|---|---|---|---|---|
| Dollar Range | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $11,663,205 | 68 | $596,936,029 | 3,026 | $49,915,766 | 155 |
| Less than $10,000 | 3,911 | 2 | 468,965 | 109 | 22,090 | 4 |
| 10,000- 19,999 | 13,821 | 1 | 1,393,255 | 92 | 35,670 | 3 |
| 20,000- 39,999 | 103,827 | 3 | 3,989,937 | 134 | 159,111 | 5 |
| 40,000- 59,999 | 171,251 | 3 | 5,745,538 | 115 | 153,849 | 3 |
| 60,000- 79,999 | 224,858 | 3 | 10,703,941 | 152 | 276,174 | 4 |
| 80,000- 99,999 | 352,554 | 4 | 13,090,916 | 147 | 649,391 | 7 |
| 100,000-119,999 | 218,573 | 2 | 18,572,915 | 168 | 432,561 | 4 |
| 120,000-139,999 | 798,002 | 6 | 24,088,853 | 185 | 383,306 | 3 |
| 140,000-159,999 | 1,217,847 | 8 | 28,052,003 | 187 | 154,595 | 1 |
| 160,000-179,999 | 992,227 | 6 | 26,151,647 | 153 | 519,431 | 3 |
| 180,000-199,999 | 1,317,776 | 7 | 30,862,654 | 163 | 939,963 | 5 |
| 200,000-299,999 | 4,355,223 | 18 | 207,596,143 | 845 | 5,169,566 | 21 |
| 300,000-399,999 | 1,403,933 | 4 | 131,598,643 | 384 | 13,133,263 | 38 |
| 400,000-499,999 | 489,402 | 1 | 57,130,901 | 130 | 14,763,796 | 33 |
| 500,000-599,999 | | | 22,267,330 | 41 | 6,015,226 | 11 |
| 600,000-699,999 | | | 6,255,586 | 10 | 3,191,959 | 5 |
| 700,000-799,999 | | | 5,206,035 | 7 | 2,185,221 | 3 |
| 800,000-899,999 | | | 1,725,872 | 2 | 1,730,593 | 2 |
| 900,000-999,999 | | | 905,087 | 1 | | |
| 1,000,000 and Over | | | 1,129,808 | 1 | | |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| | All Internal Medicine | | Neurology | | Neurosurgery | |
|---|---|---|---|---|---|---|
| Dollar Range | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $123,872,941 | 507 | $11,275,887 | 62 | $121,706 | 6 |
| Less than $10,000 | 101,299 | 39 | 19,671 | 6 | 7,367 | 4 |
| 10,000- 19,999 | 485,158 | 30 | 11,048 | 1 | | |
| 20,000- 39,999 | 1,500,187 | 48 | 73,299 | 3 | | |
| 40,000- 59,999 | 2,427,470 | 50 | 246,286 | 5 | 49,098 | 1 |
| 60,000- 79,999 | 2,385,453 | 35 | 278,583 | 4 | 65,240 | 1 |
| 80,000- 99,999 | 1,234,634 | 14 | 86,019 | 1 | | |
| 100,000-119,999 | 2,436,540 | 22 | 222,047 | 2 | | |
| 120,000-139,999 | 1,855,011 | 14 | 537,293 | 4 | | |
| 140,000-159,999 | 1,799,886 | 12 | 305,514 | 2 | | |
| 160,000-179,999 | 1,541,466 | 9 | 337,798 | 2 | | |
| 180,000-199,999 | 2,441,135 | 13 | 962,303 | 5 | | |
| 200,000-299,999 | 12,832,380 | 52 | 4,091,420 | 17 | | |
| 300,000-399,999 | 18,800,268 | 54 | 1,684,339 | 5 | | |
| 400,000-499,999 | 17,028,981 | 38 | 1,296,693 | 3 | | |
| 500,000-599,999 | 12,880,341 | 24 | 507,190 | 1 | | |
| 600,000-699,999 | 13,635,377 | 21 | 611,383 | 1 | | |
| 700,000-799,999 | 8,196,958 | 11 | | | | |
| 800,000-899,999 | 6,723,429 | 8 | | | | |
| 900,000-999,999 | 4,795,808 | 5 | | | | |
| 1,000,000 and Over | 10,771,160 | 8 | | | | |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| | Obstetrics-Gynaecology | | Ophthalmology | | Orthopaedic Surgery | |
|---|---|---|---|---|---|---|
| Dollar Range | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $51,924,018 | 143 | $53,965,185 | 90 | $35,729,651 | 117 |
| Less than $10,000 | 10,382 | 4 | 2,898 | 1 | 23,790 | 5 |
| 10,000- 19,999 | 108,899 | 7 | | | | |
| 20,000- 39,999 | 98,937 | 3 | 24,866 | 1 | 114,563 | 3 |
| 40,000- 59,999 | 260,095 | 5 | 47,066 | 1 | 158,516 | 3 |
| 60,000- 79,999 | 359,091 | 5 | 220,459 | 3 | 201,479 | 3 |
| 80,000- 99,999 | 453,111 | 5 | 182,991 | 2 | 251,147 | 3 |
| 100,000-119,999 | 204,332 | 2 | | | 224,028 | 2 |
| 120,000-139,999 | 127,557 | 1 | 123,145 | 1 | 124,460 | 1 |
| 140,000-159,999 | 140,853 | 1 | | | 294,025 | 2 |
| 160,000-179,999 | 841,392 | 5 | 872,860 | 5 | 519,138 | 3 |
| 180,000-199,999 | 562,806 | 3 | 195,521 | 1 | 386,821 | 2 |
| 200,000-299,999 | 6,537,536 | 25 | 2,492,997 | 10 | 5,907,428 | 23 |
| 300,000-399,999 | 7,624,437 | 21 | 2,490,656 | 7 | 12,148,809 | 35 |
| 400,000-499,999 | 8,334,195 | 19 | 5,766,349 | 13 | 10,758,427 | 24 |
| 500,000-599,999 | 9,178,440 | 17 | 4,467,098 | 8 | 2,607,393 | 5 |
| 600,000-699,999 | 2,570,160 | 4 | 4,988,451 | 8 | 1,252,829 | 2 |
| 700,000-799,999 | 3,853,685 | 5 | 3,043,126 | 4 | 756,800 | 1 |
| 800,000-899,999 | 4,136,818 | 5 | 3,317,659 | 4 | | |
| 900,000-999,999 | 3,833,450 | 4 | 4,689,966 | 5 | | |
| 1,000,000 and Over | 2,687,843 | 2 | 21,039,079 | 16 | | |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| | Otolaryngology | | Paediatrics | | Physical Medicine and Rehabilitation | |
|---|---|---|---|---|---|---|
| Dollar Range | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $20,090,392 | 41 | $32,457,263 | 223 | $3,720,031 | 30 |
| Less than $10,000 | 4,612 | 2 | 144,941 | 54 | | |
| 10,000- 19,999 | | | 161,261 | 10 | 50,047 | 3 |
| 20,000- 39,999 | | | 540,972 | 19 | 31,151 | 1 |
| 40,000- 59,999 | 57,483 | 1 | 285,773 | 6 | 129,469 | 3 |
| 60,000- 79,999 | | | 653,740 | 9 | | |
| 80,000- 99,999 | | | 976,920 | 11 | 466,850 | 5 |
| 100,000-119,999 | 108,321 | 1 | 1,111,529 | 10 | 668,537 | 6 |
| 120,000-139,999 | 129,385 | 1 | 1,702,147 | 13 | 514,668 | 4 |
| 140,000-159,999 | | | 1 931,182 | 13 | | |
| 160,000-179,999 | 176,032 | 1 | 1,166,176 | 7 | 335,711 | 2 |
| 180,000-199,999 | | | 1,322,651 | 7 | 390,903 | 2 |
| 200,000-299,999 | 1,902,918 | 7 | 5,921,699 | 24 | 778,449 | 3 |
| 300,000-399,999 | 1,401,347 | 4 | 8,654,476 | 25 | 354,247 | 1 |
| 400,000-499,999 | 3,149,597 | 7 | 4,059,178 | 9 | | |
| 500,000-599,999 | 2,754,414 | 5 | 1,522,100 | 3 | | |
| 600,000-699,999 | 1,347,501 | 2 | 643,702 | 1 | | |
| 700,000-799,999 | 1,470,976 | 2 | 705,225 | 1 | | |
| 800,000-899,999 | 2,545,373 | 3 | | | | |
| 900,000-999,999 | 1,934,458 | 2 | 953,592 | 1 | | |
| 1,000,000 and Over | 3,107,974 | 3 | | | | |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| | Plastic Surgery | | All Psychiatry | | Urology | |
|---|---|---|---|---|---|---|
| Dollar Range | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $14,949,358 | 44 | $71,067,097 | 342 | $15,011,798 | 43 |
| Less than $10,000 | | | 48,259 | 7 | | |
| 10,000- 19,999 | 12,076 | 1 | 45,075 | 3 | | |
| 20,000- 39,999 | | | 397,748 | 13 | | |
| 40,000- 59,999 | | | 826,665 | 17 | | |
| 60,000- 79,999 | 69,788 | 1 | 847,619 | 12 | | |
| 80,000- 99,999 | 263,886 | 3 | 1,174,779 | 13 | 85,054 | 1 |
| 100,000-119,999 | 103,293 | 1 | 2,342,072 | 21 | | |
| 120,000-139,999 | | | 2,607,256 | 20 | 137,864 | 1 |
| 140,000-159,999 | 158,182 | 1 | 2,648,678 | 18 | 143,469 | 1 |
| 160,000-179,999 | 161,792 | 1 | 3,767,311 | 22 | 330,962 | 2 |
| 180,000-199,999 | 383,799 | 2 | 3,018,724 | 16 | 184,324 | 1 |
| 200,000-299,999 | 1,027,094 | 4 | 26,554,517 | 108 | 1,987,459 | 8 |
| 300,000-399,999 | 5,383,935 | 15 | 17,657,643 | 53 | 4,530,754 | 13 |
| 400,000-499,999 | 4,888,598 | 11 | 5,704,629 | 13 | 4,804,055 | 11 |
| 500,000-599,999 | 502,685 | 1 | 2,743,126 | 5 | 2,807,856 | 5 |
| 600,000-699,999 | 1,289,191 | 2 | 682,998 | 1 | | |
| 700,000-799,999 | 705,040 | 1 | | | | |
| 800,000-899,999 | | | | | | |
| 900,000-999,999 | | | | | | |
| 1,000,000 and Over | | | | | | |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| | Pathology | | Radiology | |
|---|---|---|---|---|
| Dollar Range | Payments | Number of Physicians | Payments | Number of Physicians |
| **Total** | $4,881,135 | 20 | $149,671,080 | 241 |
| Less than $10,000 | 29,367 | 14 | 54,675 | 15 |
| 10,000- 19,999 | 15,975 | 1 | 67,989 | 5 |
| 20,000- 39,999 | 23,315 | 1 | 302,461 | 11 |
| 40,000- 59,999 | | | 138,976 | 3 |
| 60,000- 79,999 | 73,107 | 1 | 345,636 | 5 |
| 80,000- 99,999 | | | 630,992 | 7 |
| 100,000-119,999 | | | 761,237 | 7 |
| 120,000-139,999 | | | 780,015 | 6 |
| 140,000-159,999 | | | 143,041 | 1 |
| 160,000-179,999 | | | 842,495 | 5 |
| 180,000-199,999 | | | 960,315 | 5 |
| 200,000-299,999 | 234,857 | 1 | 3,866,050 | 16 |
| 300,000-399,999 | | | 7,261,238 | 21 |
| 400,000-499,999 | | | 6,450,363 | 14 |
| 500,000-599,999 | | | 7,529,422 | 14 |
| 600,000-699,999 | | | 8,998,298 | 14 |
| 700,000-799,999 | | | 9,750,621 | 13 |
| 800,000-899,999 | | | 13,563,053 | 16 |
| 900,000-999,999 | | | 13,190,300 | 14 |
| 1,000,000 and Over | 4,504,515 | 2 | 74,033,902 | 49 |

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

# Table 2.12
## Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2004 to March 31, 2005[1]

| Physicians by Specialty | Number of Physicians | Number of Full-Time Equivalent Physicians [2] | Proportion of Full-Time Equivalent Physicians | | Average Payment Per Full Time Equivalent Physician | Number of Registered Persons Per Full-Time Equivalent Physician |
|---|---|---|---|---|---|---|
| | | | Above 60th Percentile | Below 40th Percentile | | |
| All physicians (except Laboratory)[3] | 5,240 | 4,585.1 | 33.9 | 48.9 | $260,447 | 700 |
| All specialists (except GP/FPs & Laboratory) | 2,214 | 1,873.9 | 32.4 | 50.9 | 318,713 | 1,713 |
| **Physicians by Specialty** | | | | | | |
| Anaesthesiology | 281 | 253.1 | 35.6 | 45.9 | 278,069 | 12,682 |
| Cardiovascular and Thoracic Surgery | 22 | 20.2 | 36.4 | 45.5 | 574,064 | 158,991 |
| Dermatology | 40 | 32.8 | 32.5 | 52.5 | 594,560 | 97,867 |
| Emergency Medicine | 68 | 61.9 | 33.8 | 48.5 | 188,313 | 51,825 |
| General/Family Physicians (GP/FPs) | 3,026 | 2,644.6 | 34.6 | 47.8 | 225,718 | 1,214 |
| - General/Family Physicians | 2,845 | 2,478.4 | 34.6 | 47.9 | 226,737 | 1,295 |
| - Full Time Emergency Room Physicians | 157 | 143.6 | 36.3 | 45.2 | 215,307 | 22,351 |
| - Mental Health Generalists | 18 | 16.2 | 44.4 | 38.9 | 224,568 | 198,273 |
| - Other General Practice Physicians | 6 | 3.7 | 33.3 | 50.0 | 117,381 | 874,669 |
| General Surgery | 155 | 129.4 | 33.6 | 49.7 | 385,632 | 24,799 |
| - General Surgery designated specialty | 139 | 116.7 | 33.8 | 48.9 | 388,542 | 27,516 |
| - Other General Surgery | 16 | 13.6 | 31.3 | 50.0 | 337,259 | 235,859 |
| Internal Medicine | 507 | 362.5 | 26.8 | 59.6 | 341,752 | 8,856 |
| - Internal Medicine designated specialty | 246 | 181.1 | 26.8 | 58.5 | 285,596 | 17,726 |
| - Cardiology | 61 | 47.6 | 32.8 | 50.8 | 666,215 | 67,494 |
| - Endocrinology/Metabolism | 7 | N/A | N/A | N/A | N/A | N/A |
| - Gastroenterology | 45 | 26.1 | 22.2 | 66.7 | 433,312 | 122,802 |
| - Infectious Diseases | 15 | 12.2 | 26.7 | 53.3 | 65,815 | 262,687 |
| - Other Internal Medicine | 133 | 88.9 | 27.1 | 59.4 | 315,557 | 36,121 |
| Neurology | 62 | 51.7 | 33.9 | 46.8 | 218,087 | 62,090 |
| Neurosurgery | 6 | N/A | N/A | N/A | N/A | N/A |
| Obstetrics-Gynaecology | 143 | 124.2 | 34.3 | 49.0 | 418,227 | 25,856 |
| Ophthalmology | 90 | 88.6 | 37.8 | 44.4 | 608,946 | 36,222 |
| Orthopaedic Surgery | 117 | 100.4 | 35.0 | 47.9 | 356,024 | 31,985 |
| Otolaryngology | 41 | 38.8 | 36.6 | 46.3 | 517,691 | 82,712 |
| Paediatrics | 223 | 166.0 | 28.7 | 56.1 | 195,539 | 19,339 |
| Physical Medicine and Rehabilitation | 30 | 28.7 | 36.7 | 46.7 | 129,673 | 111,887 |
| Plastic Surgery | 44 | 39.3 | 38.6 | 40.9 | 380,329 | 81,660 |
| Psychiatry | 342 | 308.2 | 36.6 | 44.4 | 230,568 | 10,414 |
| Urology | 43 | 38.6 | 34.9 | 46.5 | 388,858 | 83,162 |

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) FTE methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition is based on the methodology developed in 1984 by Health Canada

Step 1: - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those practitioners with claims in all four quarters of the fiscal year.

Step 2: - Count all physicians with payments within the lower and upper benchmark as one FTE.

- Count all physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one FTE plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since the benchmarks for the calculations of FTEs in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the FTEs in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (Pathology and Radiology) are excluded.

## Table 2.13
## Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Physicians by Specialty | Total | Consultations | Assessments | | Hospital Care Days | Special Calls | Psycho-therapy/ Counselling |
|---|---|---|---|---|---|---|---|
| | | | Major | Other | | | |
| **Total: All Physicians** | $1,348,724,184 | $135,743,743 | $99,382,170 | $383,862,939 | $36,821,607 | $36,915,950 | $85,121,925 |
| **Subtotal** | | | | | | | |
| All Physicians (except Pathology) | 1,343,843,048 | 135,557,967 | 99,381,826 | 383,850,854 | 36,821,607 | 36,915,950 | 85,121,925 |
| All Specialists (except GP/FPs & Pathology) | 746,907,019 | 126,719,465 | 29,166,211 | 46,339,488 | 14,682,667 | 1,745,582 | 52,595,607 |
| **Physicians by Specialty** | | | | | | | |
| Anaesthesiology | 70,381,322 | 2,674,014 | 50,563 | 355,215 | 27,293 | 10,956 | 377,628 |
| Cardiovascular and Thoracic Surgery | 11,590,380 | 609,491 | 8,089 | 73,142 | 42,882 | 2,649 | 1,748 |
| Dermatology | 19,499,939 | 5,467,774 | 1,003,969 | 2,927,986 | | 4,504 | 179 |
| Emergency Medicine | 11,663,205 | 830,187 | 189,054 | 5,143,534 | 427 | 66,878 | 341,372 |
| General/Family Physicians (GP/FPs) | 596,936,029 | 8,838,503 | 70,215,615 | 337,511,365 | 22,138,940 | 35,170,368 | 32,526,319 |
| - General/Family Physicians | 561,947,878 | 7,798,651 | 69,708,740 | 319,793,247 | 22,123,387 | 35,042,600 | 29,207,266 |
| - Full Time Emergency Room Physicians | 30,922,932 | 883,320 | 325,504 | 17,298,662 | 15,331 | 119,016 | 666,066 |
| - Mental Health Generalists | 3,634,686 | 3,243 | 169,905 | 164,321 | 222 | 8,752 | 2,652,986 |
| - Other General Practice Physicians | 430,533 | 153,288 | 11,466 | 255,135 | | | |
| General Surgery | 49,915,766 | 11,782,373 | 286,734 | 2,717,870 | 762,997 | 62,257 | 39,424 |
| - General Surgery designated specialty | 45,326,023 | 10,665,519 | 259,689 | 2,600,370 | 723,037 | 61,850 | 39,424 |
| - Other General Surgery | 4,589,744 | 1,116,854 | 27,044 | 117,500 | 39,961 | 407 | |
| Internal Medicine | 123,872,941 | 42,703,828 | 1,771,033 | 8,028,527 | 10,335,931 | 324,262 | 188,614 |
| - Internal Medicine designated specialty | 51,717,142 | 23,488,437 | 1,165,443 | 5,701,749 | 7,757,751 | 271,933 | 122,104 |
| - Cardiology | 31,684,569 | 6,516,034 | 96,982 | 501,350 | 1,165,726 | 31,327 | |
| - Critical Care Medicine | 14,340,689 | 1,462,934 | 18,700 | 168,376 | 160,569 | 11,239 | 40,126 |
| - Endocrinology/Metabolism | 295,046 | 200,269 | 14,030 | 57,145 | 12,563 | | |
| - Gastroenterology | 11,328,730 | 5,451,567 | 65,066 | 376,690 | 229,587 | 3,498 | 2,150 |
| - Infectious Diseases | 804,256 | 612,668 | 2,761 | 119,886 | 62,305 | 1,935 | |
| - Other Internal Medicine | 13,702,509 | 4,971,917 | 408,052 | 1,103,330 | 947,429 | 4,331 | 24,233 |
| Neurology | 11,275,887 | 8,423,137 | 79,886 | 1,189,456 | 513,675 | 10,849 | 8,516 |
| Neurosurgery | 121,706 | | 122 | | 51 | | |
| Obstetrics-Gynaecology | 51,924,018 | 9,999,452 | 2,052,126 | 6,821,018 | 361,816 | 1,020,208 | 19,200 |
| Ophthalmology | 53,965,185 | 5,055,626 | 13,352,741 | 3,584,889 | 2,723 | 58,529 | 148 |
| Orthopaedic Surgery | 35,729,651 | 7,613,858 | 318,037 | 2,744,143 | 175,218 | 17,690 | 11,990 |
| Otolaryngology | 20,090,392 | 4,360,937 | 332,982 | 997,917 | 22,901 | 17,327 | 592 |
| Paediatrics | 32,457,263 | 9,308,334 | 7,700,233 | 8,955,200 | 1,963,824 | 112,822 | 1,961,323 |
| Physical Medicine & Rehabilitation | 3,720,031 | 1,691,953 | 32,021 | 494,322 | 394,254 | 2,984 | 447,017 |
| Plastic Surgery | 14,949,358 | 2,046,830 | 408,064 | 826,354 | 12,143 | 10,523 | 60 |
| Psychiatry designated specialty | 71,067,097 | 10,093,497 | 1,340,195 | 142,823 | 11,724 | 7,105 | 50,082,767 |
| Urology | 15,011,798 | 3,997,236 | 201,296 | 1,248,574 | 64,808 | 16,039 | 14,029 |
| Laboratory Specialists | 154,552,216 | 246,714 | 39,411 | 100,604 | | | 999 |
| - Pathology | 4,881,135 | 185,776 | 343 | 12,086 | | | |
| - Radiology | 149,671,080 | 60,939 | 39,068 | 88,519 | | | 999 |

Note: This table reflects fee-for-service data only

*Continued.....*

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

## Table 2.13
## Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Physicians by Specialty | Major Surgery | Minor Surgery | Surgical Assistance | Anaesthesia | Obstetrical Services | Diagnostic & Therapeutic Services - Radiology |
|---|---|---|---|---|---|---|
| **Total: All Physicians** | $188,996,689 | $20,894,281 | $25,035 | $14,698,060 | $29,293,049 | $122,519,261 |
| **Subtotal** | | | | | | |
| All Physicians (except Pathology) | 188,996,689 | 20,894,281 | 25,035 | 14,698,060 | 29,293,049 | 122,519,261 |
| All Specialists (except GP/FPs & Pathology) | 171,224,060 | 7,376,993 | | 12,499,486 | 17,914,535 | 121,965,880 |
| **Physicians by Specialty** | | | | | | |
| Anaesthesiology | 43,633,335 | 1,334,219 | | 11,834,417 | 2,533,464 | 89,213 |
| Cardiovascular and Thoracic Surgery | 10,544,215 | 1,394 | | | | |
| Dermatology | 3,606,712 | 1,794,570 | | 85,205 | | |
| Emergency Medicine | 560,926 | 731,222 | | 8,652 | 2,489 | |
| General/Family Physicians (GP/FPs) | 17,772,629 | 13,517,288 | 25,035 | 2,198,573 | 11,378,514 | 553,381 |
| - General/Family Physicians | 16,577,442 | 11,123,327 | 25,035 | 2,164,292 | 11,369,509 | 553,381 |
| - Full Time Emergency Room Physicians | 1,194,766 | 2,385,041 | | 34,281 | 9,005 | |
| - Mental Health Generalists | 420 | 4,104 | | | | |
| - Other General Practice Physicians | | 4,815 | | | | |
| General Surgery | 27,258,151 | 799,072 | | 3,989 | 56,410 | 328,399 |
| - General Surgery designated specialty | 24,362,432 | 773,750 | | 3,989 | 56,410 | 6,139 |
| - Other General Surgery | 2,895,719 | 25,323 | | | | 322,261 |
| Internal Medicine | 4,909,004 | 269,413 | | 27,014 | 20,855 | 5,021,440 |
| - Internal Medicine designated specialty | 140,399 | 231,742 | | 852 | 4,047 | 200,450 |
| - Cardiology | 4,051,518 | 31 | | | | 4,811,421 |
| - Critical Care Medicine | 685,009 | 14,801 | | 23,185 | 2,603 | |
| - Endocrinology/Metabolism | | | | | | 7,680 |
| - Gastroenterology | 14,148 | 20,345 | | 449 | | |
| - Infectious Diseases | | | | | | |
| - Other Internal Medicine | 17,931 | 2,495 | | 2,526 | 14,205 | 1,889 |
| Neurology | | 18,404 | | 747 | | 147 |
| Neurosurgery | 121,441 | 92 | | | | |
| Obstetrics-Gynaecology | 8,145,186 | 41,710 | | 5,651 | 15,256,537 | 3,118,123 |
| Ophthalmology | 21,773,604 | 128,064 | | 10 | | 2,328,560 |
| Orthopaedic Surgery | 24,430,057 | 91,541 | | 60,405 | 1,708 | |
| Otolaryngology | 6,817,912 | 1,541,947 | | | | |
| Paediatrics | 204,154 | 133,571 | | 21 | 41,689 | 2,833 |
| Physical Medicine & Rehabilitation | 2,027 | 862 | | 151,879 | | |
| Plastic Surgery | 10,893,257 | 448,744 | | 2,859 | 163 | |
| Psychiatry designated specialty | 231 | | | | | |
| Urology | 6,199,978 | 32,665 | | 94 | 1,137 | |
| Laboratory Specialists | 2,123,869 | 9,502 | | 318,543 | 83 | 111,077,165 |
| - Pathology | | | | | | |
| - Radiology | 2,123,869 | 9,502 | | 318,543 | 83 | 111,077,165 |

*Continued.....*

Note: This table reflects fee-for-service data only
(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.

## Table 2.13
## Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Physicians by Specialty | Laboratory Services | Other Diagnostic & Therapeutic Services | Special Services | Miscellaneous Services |
|---|---|---|---|---|
| **Total: All Physicians** | $35,150,663 | $124,358,299 | $9,200,323 | $25,740,192 |
| **Subtotal** | | | | |
| All Physicians (except Pathology) | 35,150,663 | 119,679,523 | 9,196,167 | 25,740,192 |
| All Specialists (except GP/FPs & Pathology) | 35,148,788 | 98,031,333 | 1,029,586 | 10,467,338 |
| **Physicians by Specialty** | | | | |
| Anaesthesiology | | 6,580,551 | 6,480 | 873,974 |
| Cardiovascular and Thoracic Surgery | | 306,683 | | 86 |
| Dermatology | | 4,609,009 | 31 | |
| Emergency Medicine | | 3,788,318 | | 146 |
| General/Family Physicians (GP/FPs) | 1,874 | 21,648,190 | 8,166,581 | 15,272,854 |
| - General/Family Physicians | 1,874 | 13,655,695 | 8,163,091 | 14,640,339 |
| - Full Time Emergency Room Physicians | | 7,988,489 | 1,133 | 2,317 |
| - Mental Health Generalists | | 488 | 984 | 629,259 |
| - Other General Practice Physicians | | 3,517 | 1,372 | 939 |
| General Surgery | | 5,812,356 | 5,592 | 142 |
| - General Surgery designated specialty | | 5,767,680 | 5,592 | 142 |
| - Other General Surgery | | 44,676 | | |
| Internal Medicine | 3,135,914 | 46,545,088 | 30,222 | 561,798 |
| - Internal Medicine designated specialty | 395 | 12,476,633 | 29,752 | 125,457 |
| - Cardiology | 3,135,519 | 11,372,969 | 19 | 1,672 |
| - Critical Care Medicine | | 11,666,655 | | 86,491 |
| - Endocrinology/Metabolism | | 3,358 | | |
| - Gastroenterology | | 5,165,053 | 90 | 86 |
| - Infectious Diseases | | 4,549 | 67 | 86 |
| - Other Internal Medicine | | 5,855,871 | 294 | 348,006 |
| Neurology | | 999,159 | 31,784 | 129 |
| Neurosurgery | | | | |
| Obstetrics-Gynaecology | | 4,192,825 | 888,673 | 1,493 |
| Ophthalmology | | 7,680,222 | 69 | |
| Orthopaedic Surgery | | 227,650 | 15,999 | 21,354 |
| Otolaryngology | | 5,990,686 | 4,204 | 2,988 |
| Paediatrics | | 2,868,104 | 19,662 | 95,494 |
| Physical Medicine & Rehabilitation | | 477,957 | 24,756 | |
| Plastic Surgery | | 295,756 | 17 | 4,588 |
| Psychiatry designated specialty | | 483,327 | 280 | 8,905,148 |
| Urology | | 3,234,545 | 1,396 | |
| Laboratory Specialists | 32,012,874 | 8,617,873 | 4,577 | |
| - Pathology | | 4,678,776 | 4,155 | |
| - Radiology | 32,012,874 | 3,939,098 | 422 | |

Note: This table reflects fee-for-service data only
(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.

## Table 2.14
## Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Age & Gender / Service Type | | All Age Groups | | Under 1 | | 1 - 4 | | 5 - 14 | | 15 - 24 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid |
| | F | 11,761 | $498,846 | 9,068 | $453,456 | 6,139 | $240,452 | 4,209 | $150,490 | 8,698 | $345,554 |
| **Total** | M | 7,973 | 341,211 | 10,155 | 515,669 | 7,025 | 277,186 | 4,790 | 171,941 | 4,559 | 184,200 |
| | F | 492 | 46,651 | 640 | 80,222 | 249 | 22,829 | 192 | 15,168 | 318 | 27,481 |
| Consultations | M | 393 | 37,909 | 764 | 93,867 | 321 | 28,897 | 272 | 20,461 | 197 | 16,771 |
| | F | 620 | 36,970 | 1,625 | 107,626 | 618 | 38,514 | 303 | 18,556 | 448 | 26,071 |
| Major Assessment | M | 405 | 24,930 | 1,632 | 108,175 | 649 | 41,036 | 321 | 19,935 | 192 | 11,499 |
| | F | 4,759 | 142,129 | 4,433 | 143,030 | 3,827 | 121,671 | 2,139 | 66,013 | 4,131 | 126,217 |
| Other Assessment | M | 3,200 | 96,961 | 4,812 | 156,320 | 4,132 | 132,078 | 2,090 | 65,234 | 1,958 | 60,733 |
| | F | 442 | 12,131 | 941 | 32,264 | 110 | 3,579 | 33 | 1,005 | 88 | 2,423 |
| Hospital Care Days | M | 376 | 10,808 | 1,074 | 36,642 | 132 | 4,269 | 36 | 1,136 | 64 | 1,822 |
| | F | 114 | 13,258 | 93 | 12,226 | 107 | 14,071 | 58 | 7,252 | 113 | 14,749 |
| Special Calls | M | 82 | 9,736 | 115 | 14,754 | 121 | 16,060 | 63 | 7,838 | 67 | 8,953 |
| Psychotherapy/ | F | 1,028 | 31,274 | 8 | 327 | 30 | 1,166 | 234 | 7,339 | 773 | 23,696 |
| Counselling | M | 698 | 21,745 | 11 | 375 | 49 | 1,712 | 443 | 14,421 | 623 | 20,088 |
| | F | 858 | 59,695 | 352 | 25,270 | 229 | 15,004 | 200 | 13,230 | 362 | 23,968 |
| Major Surgery | M | 791 | 58,056 | 491 | 39,215 | 333 | 21,942 | 246 | 15,956 | 432 | 26,971 |
| | F | 111 | 5,323 | 26 | 1,306 | 82 | 5,612 | 111 | 5,334 | 116 | 5,341 |
| Minor Surgery | M | 136 | 7,699 | 38 | 2,042 | 122 | 8,731 | 131 | 7,460 | 154 | 9,701 |
| | F | – | 10 | | | – | 2 | – | 1 | 1 | 38 |
| Surgical Assistance | M | – | 6 | | | | | | | 1 | 29 |
| | F | 334 | 7,833 | 50 | 1,153 | 234 | 4,315 | 100 | 1,863 | 473 | 10,482 |
| Anaesthesiology | M | 48 | 1,313 | 72 | 1,583 | 282 | 5,210 | 118 | 2,178 | 16 | 382 |
| | F | 122 | 18,221 | | | | | – | 460 | 192 | 28,891 |
| Obstetrical Services | M | | | | | | | | | | |
| Therapeutic | F | 761 | 56,733 | 47 | 2,850 | 80 | 3,279 | 127 | 5,311 | 397 | 28,651 |
| Services, Radiology | M | 345 | 19,541 | 67 | 4,235 | 98 | 3,698 | 139 | 5,060 | 208 | 8,730 |
| | F | 81 | 15,954 | | | – | 11 | 2 | 366 | 8 | 1,900 |
| Laboratory Services | M | 23 | 5,930 | | | – | 4 | 1 | 292 | 5 | 1,309 |
| Other Diagnostic & | F | 1,355 | 38,816 | 848 | 47,092 | 543 | 9,994 | 631 | 6,593 | 770 | 16,223 |
| Therapeutic Services | M | 1,172 | 38,664 | 1,075 | 58,375 | 751 | 12,966 | 794 | 7,940 | 478 | 11,889 |
| | F | 417 | 5,186 | 3 | 18 | 23 | 179 | 28 | 221 | 387 | 5,117 |
| Special Services | M | 84 | 538 | – | 31 | 25 | 230 | 29 | 238 | 22 | 150 |
| Miscellaneous | F | 266 | 8,662 | 2 | 71 | 6 | 227 | 48 | 1,777 | 120 | 4,307 |
| Services | M | 219 | 7,373 | 1 | 47 | 9 | 353 | 105 | 3,793 | 139 | 5,174 |

Note: This table reflects fee-for-service data only.

*Continued...*

(1) A blank cell represents a zero value.

(2) – equals a non-zero value; actual value too small to be shown

## Table 2.14
## Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Service Type \ Age & Gender | | 25 - 44 | | 45 - 64 | | 65 - 74 | | 75 and Older | |
|---|---|---|---|---|---|---|---|---|---|
| | | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid |
| **Total** | F | 12,123 | $508,393 | 13,459 | $585,554 | 18,458 | $858,948 | 26,031 | $1,119,917 |
| | M | 5,711 | 229,890 | 9,441 | 416,091 | 17,792 | 844,915 | 27,017 | 1,234,597 |
| Consultations | F | 492 | 44,398 | 583 | 55,823 | 855 | 87,525 | 1,034 | 110,731 |
| | M | 262 | 23,945 | 472 | 47,169 | 950 | 98,615 | 1,265 | 136,366 |
| Major Assessment | F | 602 | 34,324 | 680 | 39,052 | 898 | 55,491 | 1,127 | 76,201 |
| | M | 234 | 13,830 | 442 | 26,309 | 810 | 51,014 | 1,314 | 85,732 |
| Other Assessment | F | 4,973 | 149,875 | 5,107 | 152,466 | 7,218 | 212,340 | 8,057 | 216,655 |
| | M | 2,450 | 74,830 | 3,759 | 113,066 | 6,745 | 198,808 | 7,335 | 206,360 |
| Hospital Care Days | F | 137 | 3,761 | 300 | 8,561 | 1,059 | 30,080 | 4,012 | 105,404 |
| | M | 100 | 2,891 | 331 | 9,706 | 1,285 | 37,325 | 4,010 | 110,340 |
| Special Calls | F | 106 | 13,086 | 69 | 8,070 | 118 | 12,629 | 490 | 46,186 |
| | M | 53 | 6,734 | 64 | 7,426 | 136 | 14,621 | 405 | 40,807 |
| Psychotherapy/ Counselling | F | 1,250 | 37,322 | 1,581 | 47,995 | 1,012 | 32,323 | 1,045 | 33,100 |
| | M | 783 | 24,177 | 907 | 27,641 | 694 | 21,890 | 965 | 30,412 |
| Major Surgery | F | 736 | 46,164 | 1,202 | 80,549 | 1,961 | 152,867 | 2,300 | 187,998 |
| | M | 511 | 34,365 | 1,065 | 78,554 | 2,429 | 191,198 | 2,880 | 242,094 |
| Minor Surgery | F | 98 | 4,766 | 116 | 5,485 | 137 | 6,164 | 156 | 7,248 |
| | M | 122 | 7,225 | 129 | 6,765 | 181 | 8,431 | 232 | 10,027 |
| Surgical Assistance | F | -- | 10 | -- | 3 | | | -- | 5 |
| | M | -- | 4 | -- | 2 | | | | |
| Anaesthesiology | F | 753 | 17,144 | 31 | 1,508 | 43 | 2,555 | 38 | 2,393 |
| | M | 14 | 477 | 23 | 1,168 | 40 | 2,329 | 47 | 2,629 |
| Obstetrical Services | F | 307 | 46,033 | 1 | 128 | -- | 11 | -- | 13 |
| | M | | | | | | | | |
| Diagnostic & Therapeutic Services, Radiology | F | 808 | 64,813 | 1,178 | 87,547 | 1,405 | 101,912 | 1,183 | 81,975 |
| | M | 286 | 14,667 | 479 | 28,585 | 811 | 54,941 | 958 | 67,372 |
| Laboratory Services | F | 25 | 5,277 | 178 | 34,348 | 287 | 56,453 | 202 | 40,576 |
| | M | 11 | 2,795 | 39 | 10,204 | 93 | 23,775 | 98 | 24,741 |
| Other Diagnostic & Therapeutic Services | F | 1,178 | 30,026 | 1,793 | 53,484 | 2,770 | 98,638 | 2,898 | 114,548 |
| | M | 732 | 19,603 | 1,523 | 55,201 | 3,209 | 135,961 | 4,005 | 180,172 |
| Special Services | F | 557 | 7,737 | 524 | 6,363 | 570 | 5,429 | 451 | 3,354 |
| | M | 43 | 272 | 114 | 718 | 303 | 1,911 | 420 | 2,606 |
| Miscellaneous Services | F | 102 | 3,657 | 117 | 4,172 | 123 | 4,531 | 3,039 | 93,529 |
| | M | 110 | 4,075 | 96 | 3,576 | 106 | 4,096 | 3,083 | 94,940 |

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown

## Table 2.15
## Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for October 1, 2003 to March 31, 2005

| Specialty \ Effective Date | October 1, 2003 | October 1, 2004 |
|---|---|---|
| All Physicians | 2.7% | 3.1% |
| Anaesthesia | 2.4 | 2.0 |
| Cardiology | 1.3 | 1.6 |
| Cardiovascular & Thoracic Surgery | 1.1 | 1.2 |
| Critical Care Medicine | 1.7 | 1.4 |
| Dermatology | 1.8 | 2.7 |
| Radiology | 1.4 | 2.2 |
| Emergency Medicine | 3.2 | 2.6 |
| Endocrinology/Metabolism | 6.4 | 5.0 |
| Gastroenterology | 2.1 | 3.0 |
| General Practice | 3.3 | 3.9 |
| General Surgery | 1.9 | 2.1 |
| Mental Health Generalists | 3.5 | 2.8 |
| Infectious Diseases | 7.7 | 5.0 |
| Internal Medicine | 3.1 | 3.9 |
| Nephrology | 2.2 | 2.5 |
| Neurology | 4.0 | 4.7 |
| Neurosurgery | 2.0 | 2.3 |
| Obstetrics-Gynaecology | 2.0 | 2.2 |
| Ophthalmology | 1.5 | 2.2 |
| Orthopaedic Surgery | 2.2 | 2.3 |
| Otolaryngology | 1.6 | 2.1 |
| Paediatrics | 4.2 | 4.9 |
| Pathology | 0.9 | 2.9 |
| Physical Medicine & Rehabilitation | 4.9 | 5.0 |
| Plastic Surgery | -2.1 | 2.3 |
| Psychiatry | 3.2 | 2.8 |
| Respiratory Medicine | 5.3 | 5.0 |
| Rheumatology | 4.3 | 5.0 |
| Urology | 2.0 | 2.1 |
| Vascular Surgery | 2.0 | 2.3 |

## Table 2.16
## Basic Health Services:
## Percentage Changes to Rates in the Schedules of Benefits
## for April 1, 2001 to March 31, 2005

| Type of Practitioner / Effective Date | Medical | Dentists/Oral Surgeons | Chiropractors | Optometrists | Podiatrists |
|---|---|---|---|---|---|
| | (%) | (%) | (%) | (%) | (%) |
| April 1, 2001 | 6.3 | Nil | Nil | 1.9 | Nil |
| August 1, 2001 | Nil | 8.1 | Nil | Nil | Nil |
| November 1, 2001 | 3.4 | Nil | Nil | Nil | Nil |
| April 1, 2002 | 10.9 | Nil | Nil | 2.0 | Nil |
| October 1, 2002 | 2.0 | Nil | Nil | Nil | Nil |
| April 1, 2003 | Nil | 3.9 | 2.0 | 3.9 | 2.9 |
| October 1, 2003 | 2.7 | Nil | Nil | Nil | Nil |
| April 1, 2004 | Nil | 3.9 | 2.5 | 2.9 | 2.9 |
| October 1, 2004 | 3.1 | Nil | Nil | Nil | Nil |

## Table 2.17
## Alternate Relationship Plans Summary

| Model Type | Number | GPs* | Specialists* | Physician Subtotal |
|---|---|---|---|---|
| Academic ARP | 5 | 1 | 278 | 279 |
| Capitation ARP | 2 | 14 | 0 | 14 |
| Contract ARP | 7 | 37 | 155 | 192 |
| Sessional ARP | 11 | 37 | 25 | 62 |
| **Total Expenditures (1)** | **Model Total** | **GP Total** | **SP Total** | **Physician Total(2)** |
| $74,602,063 | 25 | 89 | 458 | 543 |

Note: This table only includes physicians participating in ARPs who submitted data detailing the services they provided.

*The general practitioner and specialist counts include physicians who may bill fee-for-service in addition to receiving payments from the ARP program in which they are participating. The number of ARPs and the number of physicians are as at March 31, 2005.

(1) Total expenditures are for the fiscal year April 1, 2004 to March 31, 2005, as of August 2005.

(2) The physician total can fluctuate from month to month, and should be considered approximate. It is a discrete overall physician count and not a sum.

**Model Type Definitions:**

**Academic ARP** - Model which merges funding for medical education, clinical services and research into one main funding grant based on an agreement between the academic department of an Academic Health Centre, the Alberta Government, and any other major funder(s).

**Capitation ARP** - This model is used for the provision of family medicine or primary health care, with a predetermined annual amount for each of its patients within a defined population and basket of services.

**Contract ARP** - Contractual funding is based on a pre-negotiated amount, for a pre-determined level of services, over a specified period of time (e.g. one year).

**Sessional ARP** - Under this model, the physician is paid an hourly rate for work during a set period of time for the provision of insured medical services within an organized program.

**Table 2.18**
**Out-of-Country Basic Health Services:**
**Distribution of Payments, Number of Services and Discrete Patients**
**for the Service Year April 1, 2004 to March 31, 2005[1]**

| Practitioner Type | Total Out-of-Country | | | United States | | | Out-of-Country (except United States) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Number of Services | Discrete Patients | Payments | Number of Services | Discrete Patients | Payments | Number of Services | Discrete Patients | Payments |
| **Total** | 26,017 | 9,511 | $1,208,422 | 687 | 136 | $58,056 | 25,330 | 9,485 | $1,150,366 |
| Physicians[2] | 24,253 | 9,105 | 1,178,065 | 632 | 116 | 55,048 | 23,621 | 9,092 | 1,123,017 |
| Dentists/Oral Surgeons | 25 | 9 | 5,082 | 18 | 6 | 2,470 | 7 | 3 | 2,612 |
| Chiropractors | 1,604 | 368 | 20,811 | 35 | 13 | 472 | 1,569 | 355 | 20,339 |
| Optometrists | 71 | 67 | 2,939 | 1 | 1 | 47 | 70 | 66 | 2,892 |
| Podiatrists | 64 | 39 | 1,526 | 1 | 1 | 20 | 63 | 39 | 1,506 |

Note: This table reflects fee-for-service data only.

(1) The total discrete patients is a discrete overall patient count and not a sum.

(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

## Out-of-Country Health Coverage

Out-of-country practitioner and hospital services received by Albertans are paid at Alberta rates as approved by the Minister of Alberta Health and Wellness.

Many out-of-country medical services cost more than the amount paid by the AHCIP and any additional cost is the responsibility of the patient. Alberta Health and Wellness strongly encourages Albertans traveling outside Canada to purchase supplementary health insurance.

Under certain circumstances, the Out-of-Country Health Services Committee and, when applicable, the Appeal Panel, considers funding (in addition to the benefits paid by the AHCIP) for insured physician, dentist/oral surgeon and hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.

## Table 2.19
## Out-of-Country Health Services Program
## Applications Reviewed
## for the Service Years Ended March 31, 2001 to March 31, 2005

| | Status of Applications | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Received | | | | | Approved | | | | | Refused | | | | |
| Type of Service | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| Required services not available in Alberta | 192 | 132 | 101 | 95 | 100 | 107 | 50 | 45 | 44 | 34 | 85 | 82 | 56 | 51 | 66 |

Note: This table reflects fee-for-service data only.

## Table 2.20
## Out-of-Country Health Services Program
## Fee-For-Service Payments Made for Approved Applications
## for the Service Years Ended March 31, 2001 to March 31, 2005

| | Amount Paid | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | | | | | Medical Services | | | | | Hospital Services | | | | |
| Type of Service | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| Required services not available in Alberta | $3,229,383 | $2,642,037 | $4,281,647 | $2,599,326 | $2,920,577 | $1,404,426 | $888,746 | $916,495 | $628,958 | $505,307 | $1,824,957 | $1,753,291 | $3,365,152 | $1,970,368 | $2,415,269 |

Note: This table reflects fee-for-service data only.

## Section 3: Regional Data

# Summary

Nine regional health authorities are responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. They work with communities to deliver health services, including mental health services, to local residents. All practitioner data in this section is based on fee-for-service payments.

### Highlights

- A total of 37.6 per cent of practitioner fee-for-service expenditures were for services received in the Calgary Health Region.
- A total of 37.7 per cent of practitioner fee-for-service expenditures were for services received in the Capital Health Region.
- The balance, 24.8 per cent of practitioner fee-for-service expenditures, were for services received in the other seven health regions.
- An average of 77.2 per cent of services received by patients were provided in the health region where they reside.

# Explanatory Notes

### Number of Practitioners

Statistics shown for the number of practitioners in a region are based on the number of practitioners who received fee-for-service payments for services provided in that particular region. A practitioner may work in several regions and will have been counted in each region where he/she provided services.

### Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

### Regional Boundary Changes

Regional boundaries are subject to change; therefore, year-over-year comparisons by region need to be interpreted with caution. Figure 5 shows the current boundaries which were put in place on December 1, 2003.

### Service Location and Recipient Location

Data in this section is provided on a service location basis. Patients from rural and remote regions often travel to larger urban centers in other regions to receive services. This affects statistics shown for health services and payments for both regions involved. This point is illustrated in Table 3.2, which shows a breakdown of medical payments to physicians based on both service location and recipient location. Recipient location data is for the health region where the patient lived on the date of service.

## FIGURES AND CHARTS

**Figure 5**
**Map of Health Regions**

| | RHA Corporate Name |
|---|---|
| R1 | Chinook Regional Health Authority |
| R2 | Palliser Health Region |
| R3 | Calgary Health Region |
| R4 | David Thompson Regional Health Authority |
| R5 | East Central Health |
| R6 | Capital Health |
| R7 | Aspen Regional Health Authority |
| R8 | Peace Country Health |
| R9 | Northern Lights Health Region |

Effective December 1, 2003

Alberta Health and Wellness

KM 0 20 40 60 80

## Table 3.1
## Distribution of Population Covered by Health Region Service Location as at March 31, 2005 (1)

| Health Region Service Location | Registered Population | | |
|---|---|---|---|
| | Total | Male | Female |
| **Total** | 3,210,035 | 1,602,370 | 1,607,665 |
| Chinook Regional Health Authority | 154,773 | 76,547 | 78,226 |
| Palliser Health Region | 100,629 | 50,696 | 49,933 |
| Calgary Health Region | 1,164,588 | 580,346 | 584,242 |
| David Thompson Regional Health Authority | 293,653 | 146,777 | 146,876 |
| East Central Health | 110,618 | 55,075 | 55,543 |
| Capital Health | 1,000,900 | 495,906 | 504,994 |
| Aspen Regional Health Authority | 176,490 | 89,632 | 86,858 |
| Peace Country Health | 134,806 | 68,997 | 65,809 |
| Northern Lights Health Region | 73,398 | 38,299 | 35,099 |
| Unknown | 180 | 95 | 85 |

(1) The population figures are as at March 31, 2005, calculated in July 2005.

## Table 3.2
## Distribution of Payments to Physicians by Health Region
## Service Location and Recipient Location
## for the Service Year April 1, 2004 to March 31, 2005[1]

| Health Region Service Location | Health Region Recipient Location | | | | | |
|---|---|---|---|---|---|---|
| | All Health Regions | Chinook Regional Health Authority | Palliser Health Region | Calgary Health Region | David Thompson Regional Health Authority | East Central Health |
| **Total** | $1,348,724,184 | $63,550,023 | $43,633,170 | $490,388,361 | $119,847,955 | $46,056,004 |
| Chinook Regional Health Authority | 59,860,123 | **55,109,129** | 1,039,034 | 2,721,525 | 260,282 | 71,799 |
| Palliser Health Region | 37,788,615 | 418,714 | **36,010,965** | 646,473 | 240,347 | 56,436 |
| Calgary Health Region | 506,598,990 | 6,855,988 | 5,514,600 | **474,892,791** | 12,802,640 | 625,334 |
| David Thompson Regional Health Authority | 101,561,460 | 255,165 | 388,273 | 3,928,881 | **90,583,202** | 1,593,373 |
| East Central Health | 28,946,358 | 40,609 | 46,350 | 224,820 | 1,289,108 | **24,397,868** |
| Capital Health | 507,895,692 | 656,319 | 500,806 | 4,337,701 | 13,878,838 | 15,923,986 |
| Aspen Regional Health Authority | 41,173,887 | 60,045 | 37,917 | 306,547 | 311,315 | 374,051 |
| Peace Country Health | 41,337,461 | 65,469 | 49,727 | 2,182,128 | 226,392 | 70,076 |
| Northern Lights Health Region | 18,791,273 | 30,452 | 15,808 | 237,657 | 141,488 | 51,876 |
| Unknown | 4,770,326 | 58,134 | 29,689 | 909,839 | 114,344 | 2,891,206 |

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) The sums of the payments may not match the totals due to rounding.

## Table 3.2
## Distribution of Payments to Physicians by Health Region
## Service Location and Recipient Location
## for the Service Year April 1, 2004 to March 31, 2005[1]

| Health Region Service Location | Health Region Recipient Location | | | | |
|---|---|---|---|---|---|
| | Capital Health | Aspen Regional Health Authority | Peace Country Health | Northern Lights Health Region | Unknown |
| **Total** | $443,088,222 | $69,805,302 | $46,812,032 | $23,794,356 | $1,748,759 |
| Chinook Regional Health Authority | 386,959 | 83,848 | 75,362 | 45,808 | 66,376 |
| Palliser Health Region | 237,211 | 62,897 | 44,344 | 24,501 | 46,729 |
| Calgary Health Region | 3,507,726 | 701,895 | 604,682 | 444,135 | 649,200 |
| David Thompson Regional Health Authority | 3,398,052 | 746,759 | 377,537 | 160,442 | 129,776 |
| East Central Health | 1,684,284 | 1,062,443 | 70,782 | 68,748 | 61,347 |
| Capital Health | **430,046,286** | 29,474,709 | 7,687,316 | 4,796,958 | 592,773 |
| Aspen Regional Health Authority | 2,020,781 | **36,713,033** | 1,011,300 | 280,111 | 58,787 |
| Peace Country Health | 704,120 | 413,421 | **36,783,559** | 776,252 | 66,317 |
| Northern Lights Health Region | 741,712 | 257,362 | 116,323 | **17,175,444** | 23,149 |
| Unknown | 361,091 | 288,935 | 40,826 | 21,956 | **54,306** |

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

## Table 3.3
## Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2004 to March 31, 2005

| Health Region Service Location / International Classification of Diseases | All Health Regions | Chinook Regional Health Authority | Palliser Health Region | Calgary Health Region | David Thompson Regional Health Authority | East Central Health |
|---|---|---|---|---|---|---|
| **Total** | $1,348,724,184 | $59,860,123 | $37,788,615 | $506,598,990 | $101,561,460 | $28,946,358 |
| Infectious and Parasitic Diseases | 22,438,747 | 980,957 | 760,047 | 8,409,880 | 2,037,876 | 582,110 |
| Neoplasms | 44,087,820 | 2,240,405 | 1,179,799 | 17,569,722 | 2,504,721 | 822,720 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders | 35,370,400 | 1,796,140 | 1,409,189 | 11,399,347 | 2,644,642 | 1,019,877 |
| Diseases of Blood and Blood Forming Organs | 5,497,930 | 233,003 | 291,606 | 2,186,539 | 440,839 | 201,501 |
| Mental Disorders | 134,550,663 | 5,549,277 | 3,142,871 | 48,672,757 | 12,455,868 | 2,767,789 |
| Diseases of the Nervous System and Sense Organs | 96,108,708 | 3,949,584 | 2,871,008 | 39,001,499 | 5,753,945 | 2,018,916 |
| Diseases of the Circulatory System | 101,616,153 | 3,671,443 | 2,624,596 | 38,051,556 | 6,348,120 | 2,318,659 |
| Diseases of the Respiratory System | 96,336,895 | 4,255,758 | 2,822,839 | 33,809,262 | 8,830,508 | 2,528,732 |
| Diseases of the Digestive System | 52,710,232 | 3,044,441 | 1,748,580 | 17,488,765 | 4,843,362 | 1,742,143 |
| Diseases of the Genitourinary System | 67,145,597 | 3,633,485 | 2,191,410 | 26,143,491 | 5,505,347 | 1,652,496 |
| Complications of Pregnancy, Childbirth and the Puerperium | 39,205,131 | 1,944,753 | 931,558 | 16,646,282 | 3,011,359 | 625,866 |
| Diseases of the Skin and Subcutaneous Tissue | 41,016,504 | 1,734,842 | 1,158,535 | 15,261,454 | 3,663,479 | 1,024,611 |
| Diseases of the Musculosketal System and Connective Tissue | 70,259,985 | 4,207,058 | 2,332,128 | 23,801,331 | 5,642,023 | 2,186,174 |
| Congenital Anomalies | 4,264,142 | 96,864 | 48,400 | 1,677,777 | 91,301 | 20,906 |
| Certain Conditions Originating in the Perinatal Period | 6,084,919 | 294,305 | 235,942 | 2,191,962 | 506,999 | 51,862 |
| Symptoms, Signs and Ill-Defined Conditions | 132,113,601 | 5,834,421 | 3,956,488 | 50,075,214 | 11,605,182 | 3,144,519 |
| Injury and Poisoning | 76,996,131 | 3,650,321 | 1,938,352 | 25,778,372 | 7,230,834 | 2,074,467 |
| Non-Standard Diagnostic Codes | 102,245,599 | 3,910,834 | 3,129,597 | 38,813,201 | 8,271,131 | 2,506,902 |
| Unknown Diagnostic Chapter | 220,675,026 | 8,832,232 | 5,015,672 | 89,620,578 | 10,173,925 | 1,656,108 |

Note: This table reflects fee-for-service data only.

*Continued.....*

## Table 3.3
## Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2004 to March 31, 2005

| Health Region Service Location / International Classification of Diseases | Capital Health | Aspen Regional Health Authority | Peace Country Health | Northern Lights Health Region | Unknown |
|---|---|---|---|---|---|
| **Total** | $507,895,692 | $41,173,887 | $41,337,461 | $18,791,273 | $4,770,326 |
| Infectious and Parasitic Diseases | 7,130,658 | 1,112,649 | 914,332 | 403,361 | 106,878 |
| Neoplasms | 17,221,912 | 801,612 | 1,064,270 | 316,926 | 365,734 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders | 13,560,712 | 1,519,638 | 1,233,024 | 673,198 | 114,632 |
| Diseases of Blood and Blood Forming Organs | 1,664,003 | 226,767 | 164,146 | 68,266 | 21,259 |
| Mental Disorders | 54,206,044 | 2,412,578 | 2,999,824 | 1,613,034 | 730,624 |
| Diseases of the Nervous System and Sense Organs | 36,210,040 | 2,400,207 | 2,929,663 | 646,751 | 327,097 |
| Diseases of the Circulatory System | 42,536,076 | 2,922,293 | 2,078,093 | 836,196 | 229,121 |
| Diseases of the Respiratory System | 33,200,548 | 5,079,183 | 3,609,360 | 1,789,748 | 410,958 |
| Diseases of the Digestive System | 17,846,450 | 2,213,725 | 2,476,376 | 1,069,098 | 237,291 |
| Diseases of the Genitourinary System | 22,667,105 | 2,255,455 | 1,934,259 | 926,698 | 235,851 |
| Complications of Pregnancy, Childbirth and the Puerperium | 11,484,894 | 1,434,009 | 1,458,759 | 1,395,182 | 272,470 |
| Diseases of the Skin and Subcutaneous Tissue | 14,536,450 | 1,696,550 | 1,189,043 | 620,188 | 131,353 |
| Diseases of the Musculosketal System and Connective Tissue | 24,685,354 | 3,412,692 | 2,849,117 | 1,010,237 | 133,869 |
| Congenital Anomalies | 2,199,850 | 26,953 | 76,635 | 15,587 | 9,869 |
| Certain Conditions Originating in the Perinatal Period | 2,020,192 | 98,444 | 462,098 | 135,171 | 87,943 |
| Symptoms, Signs and Ill-Defined Conditions | 45,158,987 | 4,428,735 | 4,733,631 | 2,788,370 | 388,054 |
| Injury and Poisoning | 27,557,743 | 3,962,903 | 3,180,971 | 1,301,904 | 320,264 |
| Non-Standard Diagnostic Codes | 34,416,129 | 4,305,698 | 4,084,607 | 2,412,860 | 394,639 |
| Unknown Diagnostic Chapter | 99,592,545 | 863,797 | 3,899,254 | 768,497 | 252,420 |

Note: This table reflects fee-for-service data only.

## Table 3.4
## Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Health Region Service Location for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Health Region Service Location | Total | | | General/Family Physicians | | | Specialists[3] | | |
|---|---|---|---|---|---|---|---|---|---|
| | Number of Physicians | Amount Paid | Average Payments | Number of Physicians | Amount Paid | Average Payments | Number of Physicians | Amount Paid | Average Payments |
| **Total** | 5,385 | $1,190,797,083 | $221,132 | 3,141 | $594,848,586 | $189,382 | 2,244 | $595,948,497 | $265,574 |
| *By Health Region* | | | | | | | | | |
| Chinook Regional Health Authority | 230 | 53,818,353 | 233,993 | 148 | 28,646,736 | 193,559 | 82 | 25,171,617 | 306,971 |
| Palliser Health Region | 131 | 34,238,058 | 261,359 | 75 | 19,820,647 | 264,275 | 56 | 14,417,410 | 257,454 |
| Calgary Health Region | 2,073 | 444,780,269 | 214,559 | 1,116 | 199,546,645 | 178,805 | 957 | 245,233,624 | 256,252 |
| David Thompson Regional Health Authority | 426 | 94,320,798 | 221,410 | 296 | 64,573,862 | 218,155 | 130 | 29,746,937 | 228,823 |
| East Central Health | 155 | 27,476,060 | 177,265 | 116 | 21,725,216 | 187,286 | 39 | 5,750,844 | 147,458 |
| Capital Health | 1,795 | 435,090,330 | 242,390 | 958 | 178,792,751 | 186,631 | 837 | 256,297,580 | 306,210 |
| Aspen Regional Health Authority | 230 | 40,821,261 | 177,484 | 190 | 37,585,908 | 197,821 | 40 | 3,235,352 | 80,884 |
| Peace Country Health | 191 | 37,306,337 | 195,321 | 136 | 27,495,087 | 202,170 | 55 | 9,811,250 | 178,386 |
| Northern Lights Health Region | 83 | 18,626,396 | 224,414 | 63 | 13,693,630 | 217,359 | 20 | 4,932,766 | 246,638 |
| Unknown | 71 | 4,319,220 | 60,834 | 43 | 2,968,105 | 69,026 | 28 | 1,351,115 | 48,254 |

Note: This table reflects fee-for-service data only.

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within each region.

(2) The total amount paid may not match the sum of amounts paid to health regions due to rounding.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

## Table 3.5
## Number of General/Family Physicians by Payment Range and Health Region Service Location for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Health Region Service Location / Payment Range | All Health Regions | Chinook Regional Health Authority | Palliser Health Region | Calgary Health Region | David Thompson Regional Health Authority | East Central Health | Capital Health | Aspen Regional Health Authority | Peace Country Health | Northern Lights Health Region | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | 4,437 | 226 | 144 | 1316 | 446 | 231 | 1151 | 301 | 214 | 94 | 314 |
| Less than $10,000 | 1,296 | 78 | 69 | 200 | 150 | 115 | 193 | 111 | 78 | 31 | 271 |
| 10,000- 19,999 | 192 | 15 | 6 | 46 | 22 | 19 | 42 | 11 | 15 | 6 | 10 |
| 20,000- 39,999 | 208 | 13 | 4 | 63 | 17 | 14 | 61 | 14 | 8 | 5 | 9 |
| 40,000- 59,999 | 151 | 5 | 1 | 59 | 8 | 4 | 43 | 10 | 10 | 7 | 4 |
| 60,000- 79,999 | 180 | 7 | 3 | 77 | 12 | 8 | 49 | 9 | 5 | 3 | 7 |
| 80,000- 99,999 | 154 | 6 | 2 | 67 | 6 | 2 | 49 | 10 | 5 | 3 | 4 |
| 100,000-119,999 | 170 | 5 | 2 | 72 | 8 | 4 | 60 | 13 | 1 | 4 | 1 |
| 120,000-139,999 | 195 | 4 | 2 | 83 | 13 | 4 | 68 | 8 | 8 | 2 | 3 |
| 140,000-159,999 | 191 | 4 | 5 | 82 | 14 | 1 | 70 | 10 | 4 |  | 1 |
| 160,000-179,999 | 156 | 4 | 1 | 65 | 11 | 4 | 61 | 7 | 2 | 1 |  |
| 180,000-199,999 | 162 | 9 | 2 | 61 | 12 | 4 | 54 | 6 | 11 | 1 | 2 |
| 200,000-299,999 | 821 | 48 | 16 | 287 | 95 | 12 | 264 | 53 | 35 | 9 | 2 |
| 300,000-399,999 | 372 | 18 | 12 | 106 | 62 | 32 | 87 | 24 | 20 | 11 |  |
| 400,000-499,999 | 127 | 6 | 15 | 32 | 11 | 8 | 29 | 11 | 7 | 8 |  |
| 500,000-599,999 | 41 | 3 | 4 | 12 | 3 |  | 11 | 3 | 4 | 1 |  |
| 600,000-699,999 | 11 | 1 |  | 2 |  |  | 7 |  |  | 1 |  |
| 700,000-799,999 | 6 |  |  | 2 |  |  | 1 | 1 | 1 | 1 |  |
| 800,000-899,999 | 2 |  |  |  | 1 |  | 1 |  |  |  |  |
| 900,000-999,999 | 1 |  |  |  | 1 |  |  |  |  |  |  |
| 1,000,000 and over | 1 |  |  |  |  |  | 1 |  |  |  |  |

Note: This table reflects fee-for-service data only.

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within each region, where the physician payment was greater than 0 within the health region.

(2) A blank cell represents a zero value.

## Table 3.6
## Number of Physicians by Specialty Within Each Health Region for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Physicians by Specialty | Number of Physicians[3] | | | |
|---|---|---|---|---|
| | All Health Regions | Capital Health | Calgary Health Region | All Other Regions |
| **Total: All Physicians** | 7,296 | 2,085 | 2,375 | 2,836 |
| **All Specialists (except GP/FPs & laboratory specialists)** | 2,859 | 934 | 1,059 | 866 |
| **Physicians by Specialty** | | | | |
| Anaesthesiology | 337 | 122 | 136 | 79 |
| Cardiovascular and Thoracic Surgery | 23 | 11 | 11 | 1 |
| Dermatology | 51 | 16 | 22 | 13 |
| Emergency Medicine | 90 | 26 | 40 | 24 |
| General/Family Physicians (GP/FPs) | 4,437 | 1,151 | 1,316 | 1,970 |
| General Surgery | 202 | 59 | 62 | 81 |
| Internal Medicine | 628 | 212 | 259 | 157 |
| Neurology | 79 | 19 | 42 | 18 |
| Neurosurgery | 6 | 3 | 3 | |
| Obstetrics-Gynaecology | 183 | 59 | 63 | 61 |
| Ophthalmology | 117 | 41 | 41 | 35 |
| Orthopaedic Surgery | 159 | 40 | 58 | 61 |
| Otolaryngology | 58 | 17 | 18 | 23 |
| Paediatrics | 332 | 85 | 114 | 133 |
| Physical Medicine & Rehabilitation | 35 | 17 | 10 | 8 |
| Plastic Surgery | 50 | 16 | 22 | 12 |
| Psychiatry | 435 | 167 | 142 | 126 |
| Urology | 74 | 24 | 16 | 34 |

Note: This table reflects fee-for-service data only.

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within each region, where the physician payment was greater than 0 within the health region.

(2) A blank cell represents a zero value.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

## Table 3.7
## Allied Health Services
## Distribution of Services and Payments by Health Region Service Location for the Service Year April 1, 2004 to March 31, 2005[1]

| Health Region Service Location | Total | | Chiropractors | | Optometrists | |
|---|---|---|---|---|---|---|
| | Services | Payments | Services | Payments | Services | Payments |
| **Total** | 3,796,562 | $68,398,242 | 3,052,733 | $39,966,107 | 440,891 | $18,362,362 |
| Chinook Regional Health Authority | 240,941 | 4,241,839 | 192,402 | 2,521,833 | 27,900 | 1,158,576 |
| Palliser Health Region | 121,176 | 2,086,072 | 97,260 | 1,275,320 | 13,927 | 581,334 |
| Calgary Health Region | 1,499,352 | 26,109,495 | 1,233,346 | 16,066,005 | 143,998 | 5,860,804 |
| David Thompson Regional Health Authority | 438,833 | 7,363,792 | 377,166 | 5,008,444 | 45,407 | 1,913,262 |
| East Central Health | 121,216 | 2,186,736 | 99,021 | 1,305,302 | 20,550 | 843,248 |
| Capital Health | 1,084,563 | 21,077,975 | 825,802 | 10,795,616 | 145,431 | 6,147,496 |
| Aspen Regional Health Authority | 149,402 | 2,631,994 | 125,474 | 1,648,260 | 21,669 | 918,130 |
| Peace Country Health | 86,699 | 1,669,879 | 68,338 | 900,413 | 16,735 | 715,626 |
| Northern Lights Health Region | 39,530 | 686,839 | 33,276 | 436,498 | 5,168 | 219,550 |
| Unknown | 14,850 | 343,621 | 648 | 8,417 | 106 | 4,338 |

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

## Table 3.7
## Allied Health Services
## Distribution of Services and Payments by Health Region Service Location for the Service Year April 1, 2004 to March 31, 2005[1][2]

| Health Region Service Location | Dentists/Oral Surgeons | | Podiatrists | |
|---|---|---|---|---|
| | Services | Payments | Services | Payments |
| **Total** | 14,658 | $2,843,638 | 288,280 | $7,226,135 |
| Chinook Regional Health Authority | 263 | 31,013 | 20,376 | 530,418 |
| Palliser Health Region | 112 | 22,795 | 9,877 | 206,624 |
| Calgary Health Region | 6,187 | 1,272,131 | 115,821 | 2,910,555 |
| David Thompson Regional Health Authority | 524 | 53,204 | 15,736 | 388,883 |
| East Central Health | 9 | 693 | 1,636 | 37,493 |
| Capital Health | 7,488 | 1,455,309 | 105,842 | 2,679,554 |
| Aspen Regional Health Authority | 47 | 5,487 | 2,212 | 60,118 |
| Peace Country Health | 24 | 2,756 | 1,602 | 51,084 |
| Northern Lights Health Region | | | 1,086 | 30,791 |
| Unknown | 4 | 250 | 14,092 | 330,616 |

Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

(2) A blank cell represents a zero value.

# Section 4: Alberta Blue Cross Non-Group Coverage

## Summary

Alberta Blue Cross Non-Group Coverage plans are supplemental health insurance plans that provide coverage for pharmaceuticals and selected health services. These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Albertans under the age of 65 can purchase Alberta Blue Cross Non-Group Coverage. Reduced Alberta Blue Cross premium rates are available to those who apply and qualify for AHCIP premium subsidy. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as needing palliative care and who receive their health care at home.

The government-sponsored Alberta Blue Cross supplemental health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or private employer-sponsored supplemental benefit plans available from Alberta Blue Cross.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by type of services (ambulance, drugs, hospital, or other). Information is also provided about the number, types and costs of drug prescriptions, and the 10 highest prescription drug expenditures.

### Highlights

- In 2004/2005, the number of Albertans who were covered under Alberta Blue Cross Non-Group Coverage plans increased to 515,853. This is an increase of 3.4 per cent compared to 2003/2004.
- The number of persons who paid full premium rates was 99,025 (19.2 per cent of the total non-group membership). This is an increase of about 3.2 per cent compared to the 2003/2004 year.
- A total of 38,057 people (7.4 per cent of the total non-group membership) received non-group coverage at reduced premium rates. This is approximately a 0.7 per cent increase compared to the 2003/2004 year.
- A total of 378,771 (73.4 per cent of the total non-group membership) received their coverage premium-free. This is an increase of 3.7 per cent compared to 2003/2004.
- Total benefits paid under Alberta Blue Cross Non-Group Coverage plans were more than $521 million in 2004/2005. This is an increase of more than 7.4 per cent compared to the 2003/2004 year.
- Total benefits paid for seniors or their spouses/partners/dependants were more than $403 million and accounted for 77.4 per cent of the total amount spent on the Alberta Blue Cross Non-Group Plans. This is an increase of more than 6.9 per cent compared to the 2003/2004 year.
- Drugs accounted for $498,184,543 or 95.6 per cent of total non-group benefit expenditures. Ambulance services accounted for $17,094,297 or 3.3 per cent of the total.

- In 2004/2005, nine of the ten top-selling prescription drugs were used to treat common chronic diseases.
  - Gastro-intestinal ulcers and stomach acid-related diseases were treated using Losec, Pantoloc, and Prevacid.
  - High cholesterol conditions were treated using Lipitor (in two strengths).
  - Arthritis was treated with Celebrex.
  - High blood pressure was treated using Norvasc (in two strengths) and Altace.
- Based on net payments for the non-group plans, Losec (20 mg), an ulcer treatment, ranked number one with a total of 173,864 prescriptions and a net payment benefit of $24,986,906.
- Based on information for all coverage categories, Copaxone, used to treat Multiple Sclerosis, had the ninth highest expenditures for the non-group plans.

# Explanatory Notes

## Data

Data in this section are provided directly by Alberta Blue Cross with the exception of Table 4.6, which is provided by the Alberta College of Pharmacists. The tables report, on a daily basis, the payments made to people covered on the non-group plans; on a bi-weekly basis (every two weeks), the payments made to pharmacy providers (pharmacists); and on a weekly basis, the payments made to other providers, such as ambulance service providers, psychologists, etc.

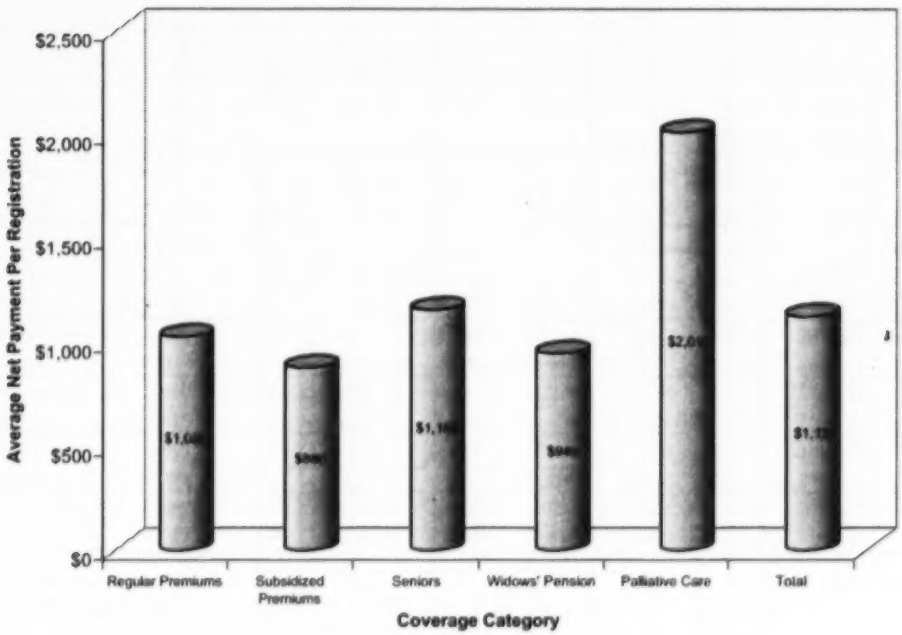
## Non-Group Coverage Parameters

Non-group coverage includes prescription drugs, ambulance services, clinical psychological services, home nursing care, prosthetic and orthotic benefits and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is only included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List and Palliative Care Drug Benefit Supplement define the drugs that are covered by the Alberta Blue Cross Non-Group Coverage plans.

## CHARTS AND FIGURES

Figure 6 illustrates average, net drug payments per registration(1), sorted according to the coverage category of Alberta Blue Cross benefit recipients for the service year April 1, 2004 to March 31, 2005.

**Figure 6**




(1) A registration may be for a single person or can include a spouse/partner and/or dependants.

### Did You Know?

During 2004/2005, six (6) cents of each dollar spent on health care in Alberta went toward government-sponsored Alberta Blue Cross Non-Group benefits.

## Table 4.1
## Alberta Blue Cross Non-Group Coverage:
## Number of Registrations and Persons Covered by Level of Premium Payment
## as at March 31, 2001, 2002, 2003, 2004 and 2005[1]

| Registration Status | Number of Registrations & Persons Covered | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2001 | 2002 | 2003 | 2004 | 2005 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| Total Number of Registrations | 291,870 | 299,965 | 306,745 | 315,215 | 325,548 | 2.77% | 2.26% | 2.76% | 3.28% |
| Total Number of Persons Covered | 462,919 | 474,675 | 485,803 | 499,078 | 515,853 | 2.54 | 2.34 | 2.73 | 3.36 |
| Number of Registrations Paying Regular Premiums | 38,391 | 41,347 | 43,507 | 45,948 | 47,577 | 7.70 | 5.22 | 5.61 | 3.55 |
| Number of Persons Covered | 82,760 | 87,756 | 92,027 | 96,003 | 99,025 | 6.04 | 4.87 | 4.32 | 3.15 |
| Number of Registrations Paying Reduced Premiums | 19,103 | 18,686 | 18,635 | 18,999 | 19,441 | (2.18) | (0.27) | 1.95 | 2.33 |
| Number of Persons Covered | 38,614 | 37,032 | 36,948 | 37,776 | 38,057 | (4.10) | (0.23) | 2.24 | 0.74 |
| Number of Registrations Paying No Premiums[2] | 234,376 | 239,932 | 244,603 | 250,268 | 258,530 | 2.37 | 1.95 | 2.32 | 3.30 |
| Number of Persons Covered | 341,545 | 349,887 | 356,828 | 365,299 | 378,771 | 2.44 | 1.98 | 2.37 | 3.69 |

(1) The population figures are as at March 31, calculated in July.

(2) Persons covered under the Seniors, Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

## Table 4.2
## Alberta Blue Cross Non-Group Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2001, 2002, 2003, 2004 and 2005[1][2]

| Registration Status | | Total | | | | | Regular Premium | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| **Total** | Registrations | 291,870 | 299,965 | 306,745 | 315,215 | 325,548 | 38,391 | 41,347 | 43,507 | 45,948 | 47,577 |
| | Persons | 462,919 | 474,675 | 485,803 | 499,078 | 515,853 | 82,760 | 87,756 | 92,027 | 96,003 | 99,025 |
| One Person | Registrations | 155,344 | 159,763 | 162,975 | 167,467 | 172,034 | 14,622 | 16,091 | 17,114 | 18,425 | 19,289 |
| | Persons | 155,344 | 159,763 | 162,975 | 167,467 | 172,034 | 14,622 | 16,091 | 17,114 | 18,425 | 19,289 |
| Two Persons | Registrations | 118,685 | 122,109 | 125,150 | 128,520 | 133,729 | 13,469 | 14,514 | 15,208 | 15,971 | 16,318 |
| | Persons | 237,370 | 244,218 | 250,300 | 257,040 | 267,458 | 26,938 | 29,028 | 30,416 | 31,942 | 32,636 |
| Three or More | Registrations | 17,841 | 18,093 | 18,620 | 19,228 | 19,785 | 10,300 | 10,742 | 11,185 | 11,552 | 11,970 |
| Persons | Persons | 70,205 | 70,694 | 72,528 | 74,571 | 76,361 | 41,200 | 42,637 | 44,497 | 45,636 | 47,100 |

| Registration Status | | Subsidized Premium[3] | | | | | Seniors[4] | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| **Total** | Registrations | 19,103 | 18,686 | 18,635 | 18,999 | 19,441 | 232,091 | 237,774 | 242,568 | 248,347 | 256,894 |
| | Persons | 38,614 | 37,032 | 36,948 | 37,776 | 38,057 | 339,065 | 347,497 | 354,589 | 363,201 | 376,993 |
| One Person | Registrations | 9,655 | 9,794 | 9,631 | 9,844 | 10,226 | 128,926 | 131,880 | 134,338 | 137,402 | 140,982 |
| | Persons | 9,655 | 9,794 | 9,631 | 9,844 | 10,226 | 128,926 | 131,880 | 134,338 | 137,402 | 140,982 |
| Two Persons | Registrations | 4,851 | 4,522 | 4,523 | 4,513 | 4,649 | 100,254 | 102,961 | 105,318 | 107,946 | 112,692 |
| | Persons | 9,702 | 9,044 | 9,046 | 9,026 | 9,298 | 200,508 | 205,922 | 210,636 | 215,892 | 225,384 |
| Three or More | Registrations | 4,597 | 4,370 | 4,481 | 4,642 | 4,566 | 2,911 | 2,933 | 2,912 | 2,999 | 3,220 |
| Persons | Persons | 19,257 | 18,194 | 18,271 | 18,906 | 18,533 | 9,631 | 9,695 | 9,615 | 9,907 | 10,627 |

| Registration Status | | Widows' Pension[4] | | | | |
|---|---|---|---|---|---|---|
| | | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| **Total** | Registrations | 2,285 | 2,158 | 2,035 | 1,921 | 1,636 |
| | Persons | 2,480 | 2,390 | 2,239 | 2,098 | 1,778 |
| One Person | Registrations | 2,141 | 1,998 | 1,892 | 1,796 | 1,537 |
| | Persons | 2,141 | 1,998 | 1,892 | 1,796 | 1,537 |
| Two Persons | Registrations | 111 | 112 | 101 | 90 | 70 |
| | Persons | 222 | 224 | 202 | 180 | 140 |
| Three or More | Registrations | 33 | 48 | 42 | 35 | 29 |
| Persons | Persons | 117 | 168 | 145 | 122 | 101 |

(1) The population figures are as at March 31, calculated in July.

(2) In order to be reported in the above chart, people on the Palliative Care Drug Program must also have had non-group coverage, either because they were a senior, received the Alberta Widows' Pension or purchased it. As at March 31, 2005, 357 people were covered only by the Palliative Care Drug Program and are not included on this table.

(3) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(4) Individuals covered under the Seniors, Widows' Pension, or Palliative Care categories receive premium-free coverage.

## Table 4.3
## Alberta Blue Cross Non-Group Coverage:
## Persons Covered by Age and Gender
## as at March 31, 2001, 2002, 2003, 2004 and 2005[1][2]

| | Total | | | | | Male | | | | | Female | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 | 2000/2001 | 2001/2002 | 2002/2003 | 2003/2004 | 2004/2005 |
| **Total** | 462,919 | 474,675 | 485,803 | 499,078 | 515,853 | 197,411 | 202,698 | 207,670 | 213,951 | 221,927 | 265,508 | 271,977 | 278,133 | 285,127 | 293,926 |
| *By Age Group* | | | | | | | | | | | | | | | |
| Under 1 | 794 | 786 | 806 | 883 | 905 | 406 | 372 | 399 | 430 | 453 | 388 | 414 | 407 | 453 | 452 |
| 1 - 4 | 3,658 | 3,617 | 3,782 | 3,936 | 3,871 | 1,873 | 1,811 | 1,867 | 1,935 | 1,935 | 1,785 | 1,806 | 1,915 | 2,001 | 1,936 |
| 5 - 14 | 15,690 | 15,591 | 15,895 | 16,089 | 16,363 | 8,053 | 8,064 | 8,284 | 8,393 | 8,416 | 7,637 | 7,527 | 7,611 | 7,696 | 7,947 |
| 15 - 24 | 20,729 | 21,428 | 22,109 | 23,085 | 24,115 | 10,166 | 10,434 | 10,655 | 11,158 | 11,646 | 10,563 | 10,994 | 11,454 | 11,927 | 12,469 |
| 25 - 44 | 25,187 | 25,556 | 26,076 | 26,497 | 26,701 | 10,968 | 11,128 | 11,276 | 11,375 | 11,360 | 14,219 | 14,428 | 14,800 | 15,122 | 15,341 |
| 45 - 64 | 93,181 | 96,157 | 98,669 | 102,205 | 106,996 | 32,045 | 33,195 | 34,482 | 35,966 | 37,709 | 61,136 | 62,962 | 64,187 | 66,239 | 69,287 |
| 65 - 74 | 170,005 | 172,707 | 174,327 | 177,299 | 182,088 | 81,940 | 83,363 | 83,839 | 85,422 | 88,351 | 88,065 | 89,344 | 90,488 | 91,877 | 93,737 |
| 75 & Older | 133,675 | 138,833 | 144,139 | 149,084 | 154,814 | 51,960 | 54,331 | 56,868 | 59,272 | 62,057 | 81,715 | 84,502 | 87,271 | 89,812 | 92,757 |

| | Percentage Change Total | | | | Percentage Change Male | | | | Percentage Change Female | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 | 2002/2001 | 2003/2002 | 2004/2003 | 2005/2004 |
| **Total** | 2.54% | 2.34% | 2.73% | 3.36% | 2.68% | 2.45% | 3.02% | 3.73% | 2.44% | 2.26% | 2.51% | 3.09% |
| *By Age Group* | | | | | | | | | | | | |
| Under 1 | (1.01) | 2.54 | 9.55 | 2.49 | (8.37) | 7.26 | 7.77 | 5.35 | 6.70 | (1.69) | 11.30 | (0.22) |
| 1 - 4 | (1.12) | 4.56 | 4.07 | (1.65) | (3.31) | 3.09 | 3.64 | 0.00 | 1.18 | 6.04 | 4.49 | (3.25) |
| 5 - 14 | (0.63) | 1.95 | 1.22 | 1.70 | 0.14 | 2.73 | 1.32 | 0.27 | (1.44) | 1.12 | 1.12 | 3.26 |
| 15 - 24 | 3.37 | 3.18 | 4.41 | 4.46 | 2.64 | 2.12 | 4.72 | 4.37 | 4.08 | 4.18 | 4.13 | 4.54 |
| 25 - 44 | 1.47 | 2.03 | 1.61 | 0.77 | 1.46 | 1.33 | 0.88 | (0.13) | 1.47 | 2.58 | 2.18 | 1.45 |
| 45 - 64 | 3.19 | 2.61 | 3.58 | 4.69 | 3.59 | 3.88 | 4.30 | 4.85 | 2.99 | 1.95 | 3.20 | 4.60 |
| 65 - 74 | 1.59 | 0.94 | 1.70 | 2.70 | 1.74 | 0.57 | 1.89 | 3.43 | 1.45 | 1.28 | 1.54 | 2.02 |
| 75 & Older | 3.86 | 3.82 | 3.43 | 3.84 | 4.56 | 4.67 | 4.23 | 4.70 | 3.41 | 3.28 | 2.91 | 3.28 |

(1) "Persons Covered" includes all persons covered by Alberta Blue Cross as at March 31 each year.
(2) The population figures are as at March 31, calculated in July each year.

## Table 4.4
## Alberta Blue Cross Non-Group Coverage: Number of Discrete Recipients and Amounts Paid by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2005[1]

| Subsidy Level and Type of Service | Discrete Recipients | Net Payment[2] | Net Payment Per Recipient |
|---|---|---|---|
| All Groups | | | |
| Ambulance | 45,614 | 17,094,297 | 375 |
| Drugs | 442,090 | 498,184,543 | 1,127 |
| Hospital | 1,695 | 295,450 | 174 |
| Other[3] | 6,460 | 5,481,080 | 848 |
| **Total** | 446,390 | $521,055,370 | $1,167 |
| Regular Premium | | | |
| Ambulance | 2,478 | 607,562 | 245 |
| Drugs | 82,055 | 84,391,976 | 1,028 |
| Hospital | 1,233 | 220,011 | 178 |
| Other | 777 | 129,421 | 167 |
| Subtotal | 82,497 | $85,348,971 | $1,035 |
| Subsidized Premium[4] | | | |
| Ambulance | 1,272 | 335,862 | 264 |
| Drugs | 32,580 | 28,676,452 | 880 |
| Hospital | 461 | 75,439 | 164 |
| Other | 184 | 29,323 | 159 |
| Subtotal | 32,740 | $29,117,077 | $889 |
| Seniors[5][6] | | | |
| Ambulance | 41,762 | 16,106,267 | 386 |
| Drugs | 329,498 | 381,954,451 | 1,159 |
| Hospital | | | |
| Other | 5,488 | 5,312,610 | 968 |
| Subtotal | 333,190 | $403,373,328 | $1,211 |
| Widows' Pension[6] | | | |
| Ambulance | 120 | 44,605 | 372 |
| Drugs | 1,733 | 1,645,086 | 949 |
| Hospital | | | |
| Other | 16 | 9,726 | 608 |
| Subtotal | 1,754 | $1,699,417 | $969 |
| Palliative Care[6] | | | |
| Ambulance | | | |
| Drugs | 753 | 1,516,578 | 2,014 |
| Hospital | | | |
| Other | | | |
| Subtotal | 753 | $1,516,578 | $2,014 |

(1) A blank cell represents a zero value.

(2) The sums of the net payments may not match the sub-totals or totals due to rounding.

(3) The type of "other" service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

(4) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(5) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/Partner Age 65 or Older and their dependants."

(6) Coverage for Seniors, Widows' Pension and Palliative Care is provided premium-free.

## Table 4.5
## Alberta Blue Cross Non-Group Coverage: Number of Drug Prescriptions and Cost of Benefits For Over-the-Counter Products and Prescription Drugs for the Year Ending March 31, 2005[1]

| Prescription Type and Membership Category | Number of Prescriptions | Net Payment[2] |
|---|---|---|
| **Total** | 10,258,722 | $498,184,544 |
| All Prescriptions | | |
| Regular Premium | 1,267,474 | 84,391,977 |
| Subsidized Premium[3] | 530,370 | 28,676,452 |
| Seniors[4][5] | 8,402,360 | 381,954,451 |
| Widows' Pension[5] | 34,644 | 1,645,086 |
| Palliative Care[5] | 23,874 | 1,516,578 |
| *By Prescription Type* | | |
| Prescription Drugs[6] | | |
| Regular Premium | 1,221,020 | 83,135,619 |
| Subsidized Premium | 511,086 | 28,153,691 |
| Seniors | 8,090,472 | 376,068,961 |
| Widows' Pension | 33,564 | 1,618,282 |
| Palliative Care | 20,904 | 1,480,906 |
| Subtotal | 9,877,046 | $490,457,458 |
| Over-The-Counter[7] | | |
| Regular Premium | 46,413 | 1,280,609 |
| Subsidized Premium | 19,284 | 522,761 |
| Seniors | 311,874 | 5,911,072 |
| Widows' Pension | 1,079 | 27,029 |
| Palliative Care | 2,969 | 35,710 |
| Subtotal | 381,619 | $7,777,181 |
| Adjustments[8] | | |
| Regular Premium | 41 | (24,251) |
| Subsidized Premium | | |
| Seniors | 14 | (25,582) |
| Widows' Pension | 1 | (225) |
| Palliative Care | 1 | (37) |
| Subtotal | 57 | ($50,095) |

(1) A blank cell represents a zero value.

(2) The sums of the net payments may not match the sub-totals or totals due to rounding.

(3) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(4) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/ Partner Age 65 or Older and their dependants."

(5) Coverage for these groups is provided premium-free.

(6) Refers to a drug type not available without a prescription.

(7) Refers to an otherwise "over-the-counter" drug type which has been prescribed for these members.

(8) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations), refunds, etc.

**Table 4.6**
**Number and Percentage Change of**
**Licensed Community Pharmacies in Alberta**
**as at March 31, 2001, 2002, 2003, 2004 and 2005**

| Year | Number of Pharmacies | Percentage Change from the Prior Year |
|---|---|---|
| 2000/2001 | 791 | n.a. |
| 2001/2002 | 801 | 1.26 |
| 2002/2003 | 832 | 3.87 |
| 2003/2004 | 865 | 3.97 |
| 2004/2005 | 865 | 0.00 |
| Annual Average Percentage Change for Last 5 Years | | 2.26 |

# Table 4.7
## Alberta Blue Cross Non-Group Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2005[1]

| Group by Coverage Category | Drug Name | Strength | Major Uses | Number of Prescriptions | Number of Persons | Net Payment |
|---|---|---|---|---|---|---|
| All Groups | | | | | | |
| | Losec | 20 mg | Ulcer Treatment | 173,864 | 41,699 | $24,986,906 |
| | Lipitor | 10 mg | Cholesterol Lowering Agent | 140,575 | 38,176 | 16,815,865 |
| | Pantoloc | 40mg | Ulcer Treatment | 125,949 | 30,029 | 13,606,861 |
| | Lipitor | 20 mg | Cholesterol Lowering Agent | 90,501 | 24,433 | 13,337,468 |
| | Prevacid | 30 mg | Ulcer Treatment | 87,453 | 24,436 | 10,944,646 |
| | Celebrex | 200 mg | Arthritis | 101,545 | 37,369 | 10,061,712 |
| | Norvasc | 5 mg | High Blood Pressure/Angina | 124,153 | 28,979 | 9,949,536 |
| | Norvasc | 10 mg | High Blood Pressure/Angina | 64,516 | 14,967 | 8,121,827 |
| | Copaxone | 20 mg/synnge | Mulitple Sclerosis | 5,406 | 673 | 7,202,568 |
| | Altace | 10 mg | High Blood Pressure | 103,065 | 23,487 | 6,640,643 |
| Regular and Subsidized Premium[2] | | | | | | |
| | Copaxone | 20 mg/syringe | Multiple Sclerosis | 5,350 | 664 | 7,070,899 |
| | Losec | 20 mg | Ulcer Treatment | 23,322 | 6,688 | 3,577,802 |
| | Rebif | 12 million IU/syringe | Multiple Sclerosis | 2,281 | 260 | 3,486,365 |
| | Remicade | 100 mg/vial | Rheumatoid Arthritis/Crohn's Disease | 1,362 | 236 | 2,632,185 |
| | Lipitor | 10 mg | Cholesterol Lowering Agent | 21,472 | 6,400 | 2,494,234 |
| | Lipitor | 20 mg | Cholesterol Lowering Agent | 15,557 | 4,730 | 2,357,681 |
| | Enbrel | 25 mg/vial | Rheumatoid Arthritis | 2,672 | 228 | 2,177,714 |
| | Pantoloc | 40 mg | Ulcer Treatment | 16,963 | 4,998 | 2,052,376 |
| | Prevacid | 30 mg | Ulcer Treatment | 15,914 | 4,898 | 2,021,585 |
| | Betaseron | 9.6 million IU/vial | Multiple Sclerosis | 1,455 | 162 | 1,919,635 |
| Seniors[3] | | | | | | |
| | Losec | 20 mg | Ulcer Treatment | 149,520 | 34,710 | 21,292,990 |
| | Lipitor | 10 mg | Cholesterol Lowering Agent | 118,535 | 31,591 | 14,252,956 |
| | Pantoloc | 40 mg | Ulcer Treatment | 108,386 | 24,795 | 11,490,070 |
| | Lipitor | 20 mg | Cholesterol Lowering Agent | 74,611 | 19,584 | 10,927,187 |
| | Norvasc | 5 mg | High Blood Pressure/Angina | 113,731 | 26,025 | 9,045,207 |
| | Prevacid | 30 mg | Ulcer Treatment | 71,135 | 19,396 | 8,868,535 |
| | Celebrex | 200 mg | Arthritis | 84,644 | 30,679 | 8,414,872 |
| | Norvasc | 10 mg | High Blood Pressure/Angina | 56,192 | 12,738 | 6,993,474 |
| | Plavix | 75 mg tablet | Prevention Heart Attack & Stroke | 51,208 | 9,977 | 6,103,596 |
| | Fosamax | 70 mg | Osteoporosis Treatment | 77,863 | 17,358 | 5,641,205 |
| Widows' Pension | | | | | | |
| | Losec | 20 mg | Ulcer Treatment | 550 | 166 | 84,461 |
| | Lipitor | 10 mg | Cholesterol Lowering Agent | 556 | 180 | 67,844 |
| | Lipitor | 20 mg | Cholesterol Lowering Agent | 331 | 117 | 52,164 |
| | Prevacid | 30 mg | Ulcer Treatment | 334 | 114 | 49,166 |
| | Celebrex | 200 mg | Arthritis | 485 | 194 | 47,507 |
| | Pantoloc | 40 mg | Ulcer Treatment | 345 | 126 | 44,603 |
| | Norvasc | 10 mg | High Blood Pressure/Angina | 187 | 53 | 26,506 |
| | Avandia | 4 mg | Diabetes | 144 | 46 | 25,613 |
| | Norvasc | 5 mg | High Blood Pressure/Angina | 264 | 93 | 25,002 |
| | Remicade | 100 mg/vial | Rheumatoid Arthritis/Crohn's Disease | 8 | 1 | 23,010 |
| Palliative Care | | | | | | |
| | Zofran | 8 mg | Severe Nausea/Vomiting | 433 | 139 | 104,051 |
| | Eprex | 10,000 units/ml | Hematopoietic Agent | 70 | 25 | 100,383 |
| | Sandostatin LAR | 20 mg/vial | Rare Endocrine Tumor | 77 | 9 | 92,661 |
| | Bonefos | 60 mg/ml inject'n | High Calcium Blood Level | 225 | 38 | 61,782 |
| | Fentanyl Citrate | 50 mcg/ml | Pain Management | 193 | 54 | 56,455 |
| | Eprex | 20,000 units/ml | Hematopoietic Agent | 52 | 5 | 54,020 |
| | Duragesic | 100 mcg/hr patch | Pain Management | 191 | 59 | 52,165 |
| | Sandostatin LAR | 30 mg/vial | Severe Nausea/Vomiting | 37 | 6 | 47,887 |
| | Innohep | 20,000 IU/ml | Anticoagulant/Antithrombotic | 81 | 26 | 32,274 |
| | Losec | 20 mg | Ulcer Treatment | 472 | 135 | 31,653 |

(1) The sums of the net payments may not match the totals due to rounding.

(2) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(3) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/Partner Age 65 or Older and their dependants."

## Table 4.8
## Alberta Blue Cross Non-Group Coverage:
## Average Gross Cost Per Prescription by Broad Drug Category
## (Direct Bill and Reimbursement Claims)
## for Recipients in All Groups
## for the Year Ending March 31, 2005[1]

| Broad Drug Category | Number of Prescriptions | Net Payment | Co-Insurance Amount | Coordination of Benefits[2] | Average Gross Cost Per Prescription[3] |
|---|---|---|---|---|---|
| **Total**[4] | 10,258,718 | $498,184,443 | $113,815,903 | $9,417,580 | $60.57 |
| *By Drug Category* | | | | | |
| Antihistamines | 426 | 11,235 | 2,760 | 167 | 33.24 |
| Antineoplastic Agents | 21,326 | 758,520 | 248,497 | 22,810 | 48.29 |
| Antitussives, Expectorants, Mucolytics | 1,465 | 52,765 | 14,121 | 796 | 46.20 |
| Anti-Infective Agents | 560,433 | 14,702,682 | 4,976,315 | 320,343 | 35.69 |
| Autonomic Drugs | 419,816 | 27,939,771 | 5,457,976 | 259,270 | 80.17 |
| Blood Formation and Coagulation | 251,810 | 16,452,045 | 1,854,427 | 383,602 | 74.22 |
| Cardiovascular Drugs | 2,597,913 | 165,899,441 | 40,325,799 | 1,305,609 | 79.88 |
| Central Nervous System Drugs | 2,243,410 | 84,764,573 | 21,486,605 | 1,554,609 | 48.05 |
| Compound Drugs | 2,984 | 117,885 | 27,698 | 2,042 | 49.47 |
| Devices | 5,753 | 98,323 | 41,874 | 1,235 | 24.58 |
| Diagnostic Agents | 4 | 677 | 50 | 0 | 181.63 |
| Electrolytic, Caloric, Water Balance | 794,360 | 7,731,337 | 3,274,618 | 68,432 | 13.94 |
| Enzymes | 493 | 1,627,959 | 2,700 | 615 | 3,308.87 |
| Eye, Ear, Nose & Throat Preparations | 334,289 | 7,690,769 | 2,857,718 | 69,633 | 31.76 |
| Gastrointestinal Drugs | 639,269 | 61,233,031 | 10,367,004 | 750,446 | 113.18 |
| Gold Compounds | 1,510 | 78,750 | 22,453 | 1,145 | 67.78 |
| Heavy Metal Antagonists | 944 | 190,931 | 18,588 | 14,827 | 237.65 |
| Hormones & Synthetic Substitutes | 1,285,197 | 36,884,578 | 10,765,618 | 496,307 | 37.46 |
| Local Anaesthetics | 2 | 1,999 | 50 | 0 | 1,024.44 |
| Serums, Toxoids, and Vaccines | 1,526 | 107,259 | 24,652 | 1,159 | 87.20 |
| Skin & Mucous Membrane Preparations | 276,992 | 4,810,511 | 1,906,000 | 72,550 | 24.51 |
| Smooth Muscle Relaxants | 68,956 | 2,548,087 | 688,503 | 23,319 | 47.28 |
| Unclassified Therapeutic Agents | 683,328 | 63,844,498 | 9,205,332 | 4,054,392 | 112.84 |
| Undetermined | 50 | (53,770) | (39) | (191) | (1,080.01) |
| Vitamins | 66,462 | 690,589 | 246,584 | 14,464 | 14.32 |

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy. A reimbursement claim is submitted for reimbursement to Alberta Blue Cross by the person covered.

(2) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(3) Gross Cost = Net Payment + Co-Insurance Amount + Coordination of Benefits.

(4) The sums of the columns may not match the totals due to rounding.

## Table 4.9
## Alberta Blue Cross Non-Group Coverage: Number of Prescriptions and Gross Payments by Drug Cost Components (Direct Bill Claims Only) for the Year Ending March 31, 2005[1]

| Recipient Group | Number of Prescriptions | Drug Material Cost [A] | Dispensing Fee[2] [B] | Additional Inventory Allowance[3] [C] | Adjustment [D] | Gross Payment[4] [E] | Co-Payment [F] | Coordination of Benefit[5] [G] | Net Payment[6] [H] |
|---|---|---|---|---|---|---|---|---|---|
| **Total**[7] | 10,192,270 | $509,444,693 | $96,972,782 | $10,856,946 | -$49,742 | $617,224,680 | $113,017,805 | $8,668,719 | $495,538,157 |
| Average Cost Per Prescription | | 49.98 | 9.51 | 1.07 | | 60.56 | 11.09 | 0.85 | 48.62 |
| *By Groups* | | | | | | | | | |
| Regular and Subsidized Premium | 1,760,012 | 119,493,917 | 16,860,919 | 1,854,964 | (23,676) | 138,186,123 | 20,016,158 | 6,686,650 | 111,483,315 |
| Seniors | 8,374,832 | 386,780,464 | 79,511,597 | 8,947,250 | (25,809) | 475,213,502 | 92,442,026 | 1,834,051 | 380,937,426 |
| Widows' Pension | 34,365 | 1,680,707 | 322,571 | 37,558 | (225) | 2,040,610 | 385,742 | 17,108 | 1,637,760 |
| Palliative Care | 23,061 | 1,489,606 | 277,695 | 17,174 | (31) | 1,784,444 | 173,879 | 130,909 | 1,479,656 |

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.

(2) Dispensing fee is based on all eligible drug claims, including claims for oral contraceptives, insulin and injectables.

(3) Additional Inventory Allowance may include upcharge (mark-up) amounts for prescriptions for Albertans submitted by pharmacies in the Northwest Territories.

(4) Gross Payment [E] = [A] + [B] + [C] + [D]

(5) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(6) Net Payment [H] = [E] - [F] - [G]

(7) The sums of the columns may not match the totals due to rounding.

# GLOSSARY

**Additional Inventory Allowance** — The dispensing fee is the portion of the overall prescription charge that covers pharmacists' professional services and all other business costs. The additional inventory allowance is a portion of the dispensing fee. The total price of a prescription is made up of the actual acquisition cost of the drug and the dispensing fee.

**Alberta Blue Cross Group Plan** — Non-government-subsidized health insurance coverage Alberta Blue Cross provides to Albertans through groups, such as employers. Data for this coverage is not included in the *Statistical Supplement*.

**Alberta Blue Cross Non-Group Coverage Plans** — Government subsidized supplemental health insurance coverage for pharmaceuticals and other selected health services administered by Alberta Blue Cross on behalf of Alberta Health and Wellness. Albertans under the age of 65 and their dependants can purchase non-group coverage through Alberta Health and Wellness. Subsidized premium rates are available to those who apply and qualify. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage is provided to people who have been diagnosed as needing palliative care and who receive their health care at home.

**Alberta Health Care Insurance Plan (AHCIP)** — A non-profit, publicly funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician, dental/oral surgical and hospitalization services as required under the *Canada Health Act*, and a number of allied health services provided to eligible residents of Alberta.

**Alternate Relationship Plans (ARP)** — Plans that provide physicians with an alternative to the traditional fee-for-service billing payment method, and provide physicians with flexibility in the way they provide care. ARPs enable a team-based approach and promote improved access to care, patient satisfaction and the recruitment/retention of physicians.

**Allied Health Services** — Basic health services (other than insured services) provided by chiropractors, optometrists, and podiatrists.

**Balance Billing** — The amount charged to a patient above the current rate listed in the applicable AHCIP schedule of benefits. Podiatrists and chiropractors are allowed to balance bill. However, opted-in physicians and dentists/oral surgeons (by law) and optometrists (by agreement) are not allowed to balance bill for basic health services covered under the AHCIP.

**Basic Health Services** — Insured services provided by physicians and dentists/oral surgeons as well as some services provided by optometrists, chiropractors, and podiatrists covered by the AHCIP.

**Blank Cell** — Represents a zero value.

**Discrete Patients** — The number of individuals registered with the AHCIP who received a basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not

receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the *Statistical Supplement* are based on the number of discrete patients.

**Discrete Service Providers** — The number of practitioners who provide a service payable under the AHCIP. Discrete service providers are only counted once.

**Fee-for-Service** — A payment system used for the provision of health services.

**Fiscal Year** — April 1 of one year to March 31 of the following year.

**Health Regions** — A geographic area within Alberta that has been identified and defined for the purpose of assigning responsibility for and authority over the delivery of health care services within its boundaries. There are currently nine health regions in Alberta.

**Insured Services** — Physician and dental/oral surgical services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

**Medical Assessments** — Primarily office visits and consultations.

**Medical Services** — Services provided by a physician.

**N/A** — Not available.

**n.a.** — Not applicable.

**--** — Non-zero value; actual value was too small to be shown.

**Net Payment** — The amount of the total prescription drug cost that is paid by Alberta Health and Wellness through the Alberta Blue Cross Non-Group Coverage plans.

**Nil** — No change.

**Number of Services** — Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

**Practitioner** — Licensed health care provider who is registered with the AHCIP and provides basic health services.

**Practitioner Payments** — Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data is reported on a date-of-service basis and includes only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

**Recipient Location** — The health region where the person receiving the health service lives at the time of service (according to the AHCIP registration data).

**Registrations** — The number of accounts registered with the AHCIP. A registration may include one person (as in single coverage) or two or more people (as in family coverage).

**Registered/Insured Persons** — Alberta residents insured under a program and therefore entitled to receive benefits.

**Schedule of Benefits** — List of practitioner services and rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions and price list. The *Statistical Supplement* includes data for five distinct benefit schedules (medical, oral and maxillofacial surgery, chiropractic, optometry and podiatry).

**Service Location** — The health region where a health service was provided.